

Name
in
Full

Alice Abramatis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>8</u>	Day <u>25</u>	Age <u>1</u>	Months <u>2</u>	Days
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Balt. Md</u>	
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>Peter Abramatis</u>			Father's Birthplace <u>Russia</u>		
Mother's Maiden Name <u>Maggie Lipponitis</u>			Mother's Birthplace <u>England</u>		
Name of person giving information <u>Peter Abramatis</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>Three Months</u>
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>August W. Miller, Coroner</u>
		Address	<u>Mr. Winans</u>
Accident or Suicide?	_____		<u>Balt. Co. Md.</u>

under table

M. F. Sadowski.

703 S. Ann St

St Stanislaus
Cemetery

Name
in
Full

Samuel alban

CERTIFICATE OF DEATH

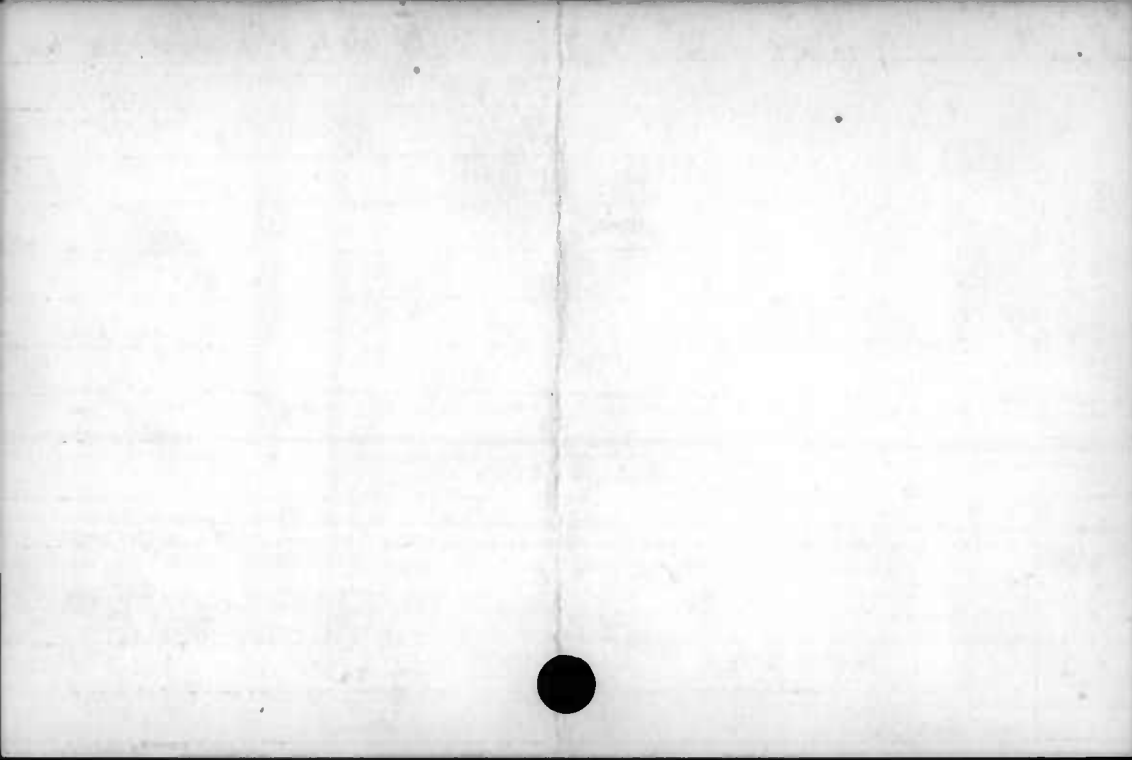
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklynville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>9</i>	Age <i>70</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>M.D.</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Eli alban</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Joanna Shafer</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Melchor alban</i>			How related to deceased. <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kidney & Bladder trouble</i>	How long <i>2 yrs</i>
Immediate <i>Grammie's coma</i> <i>120.</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sm. R. Cook</i>
<i>yes</i>	Address <i>Brooklynville</i>
Accident or Suicide?	<i>Inde</i>



Name

in
Full

CERTIFICATE OF DEATH

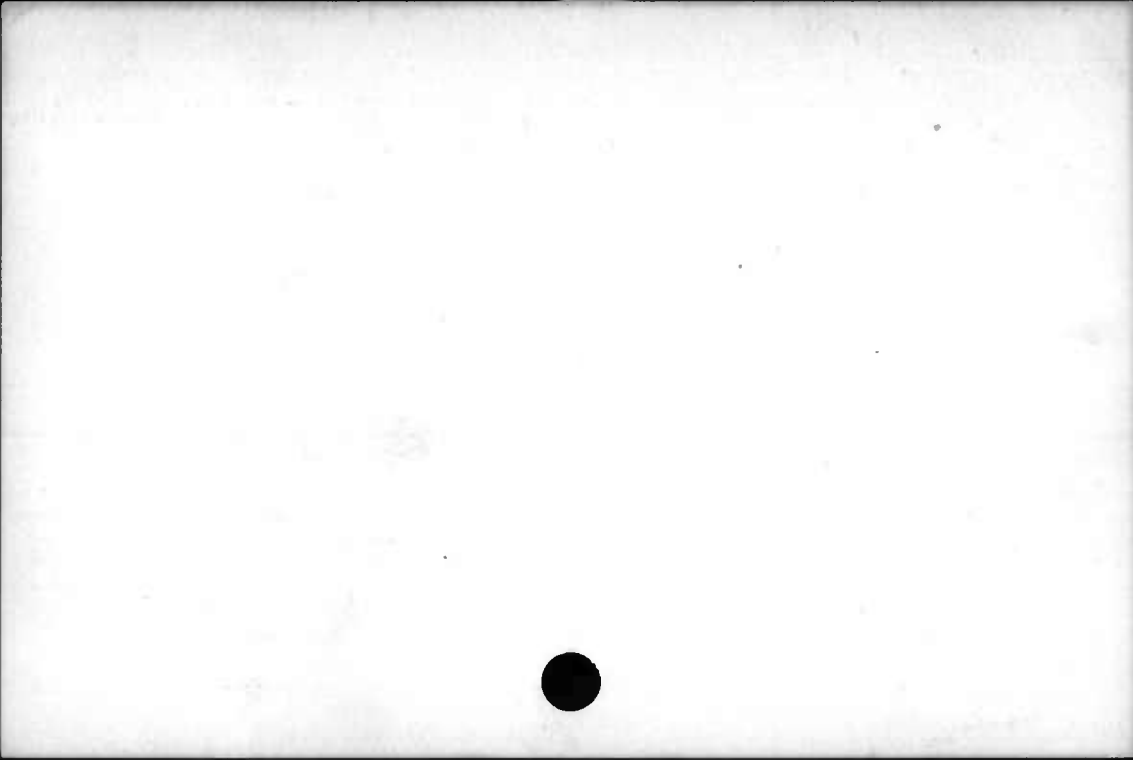
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McCarroll</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>8</i>	Day	<i>30</i>
Age	<i>7</i>	Years	<i>7</i>	Months	<i>7</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>McCarroll Md.</i>
Married, Single or Widowed	<i>Single</i>		Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>Benjamin F. Alder</i>			<i>McCarroll Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Barbara C. Bossane</i>			<i>McCarroll Md.</i>		
Name of person giving information			How related to deceased		
<i>Benjamin F. Alder</i>			<i>Father's</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. R. Mitchell</i>	
		Address	
		<i>Herford, Md.</i>	
Accident or Suicide?			



Name
in
Full

Edward B. Ayres

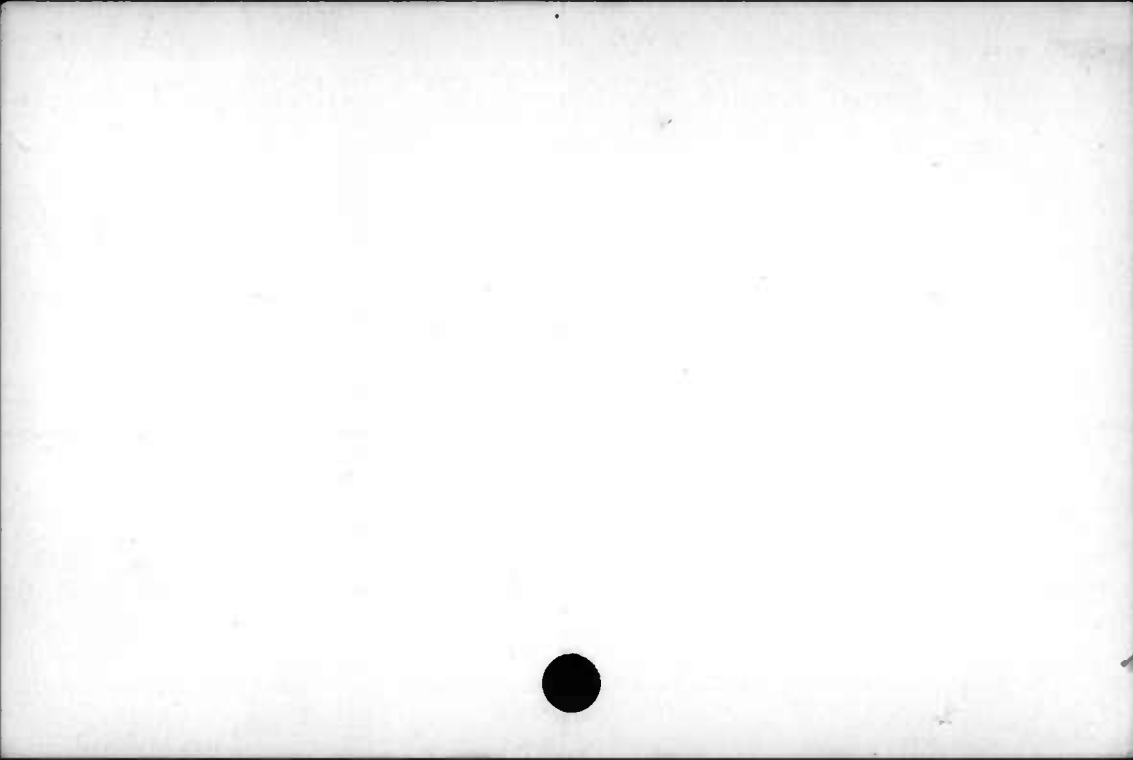
5.6
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Glenasm</i>		County <i>Baltimore</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Aug.	3		two		
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Glenasm Ind.</i>
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Wm. B. Ayres</i>				<i>Harford Co. Md.</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Lena McKeen</i>				<i>" " "</i>			
Name of person giving information				How related to deceased			
<i>Wm. B. Ayres</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>24 hours</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Jno. A. Green, M.D.</i>	
		Address	
		<i>Hittinger, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Geo. H. E. Bailey

CERTIFICATE OF DEATH

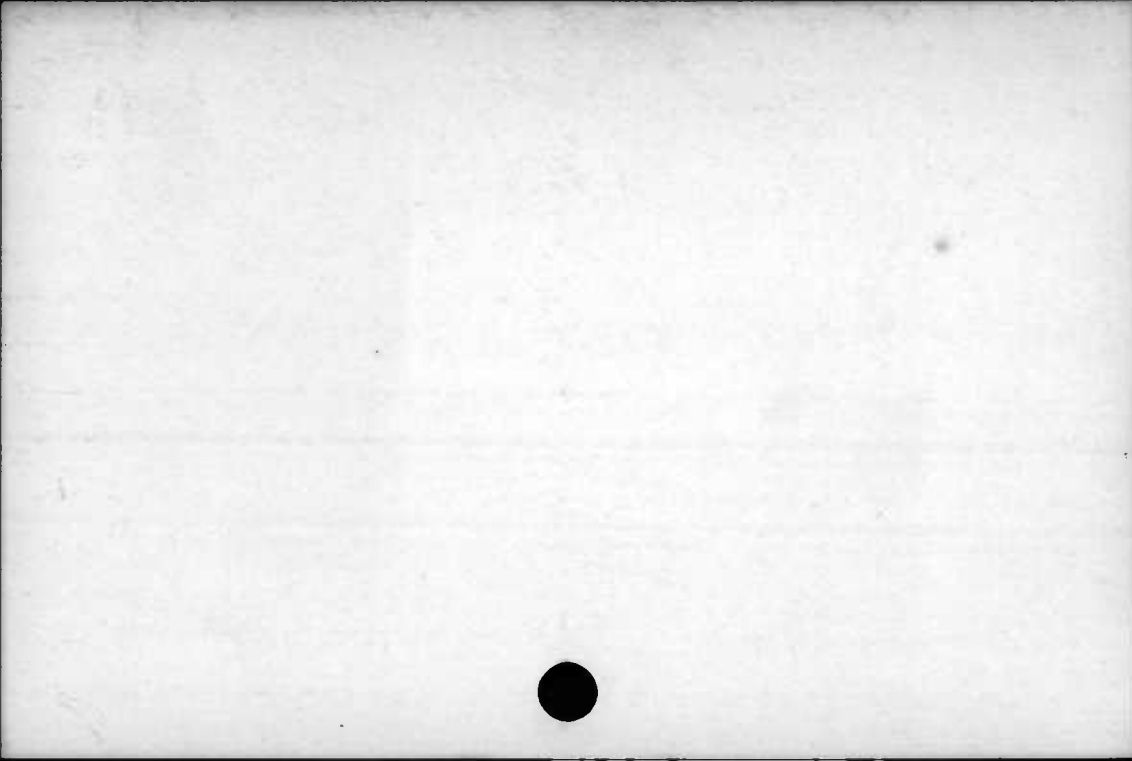
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Md. Hospital for Insane Catonsville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 190	<i>3</i>	Month <i>8</i>	Day <i>28</i>	Age <i>71</i>	Years <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Salesman</i>		
Name of Wife or Husband <i>None</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased <i>6th</i>		

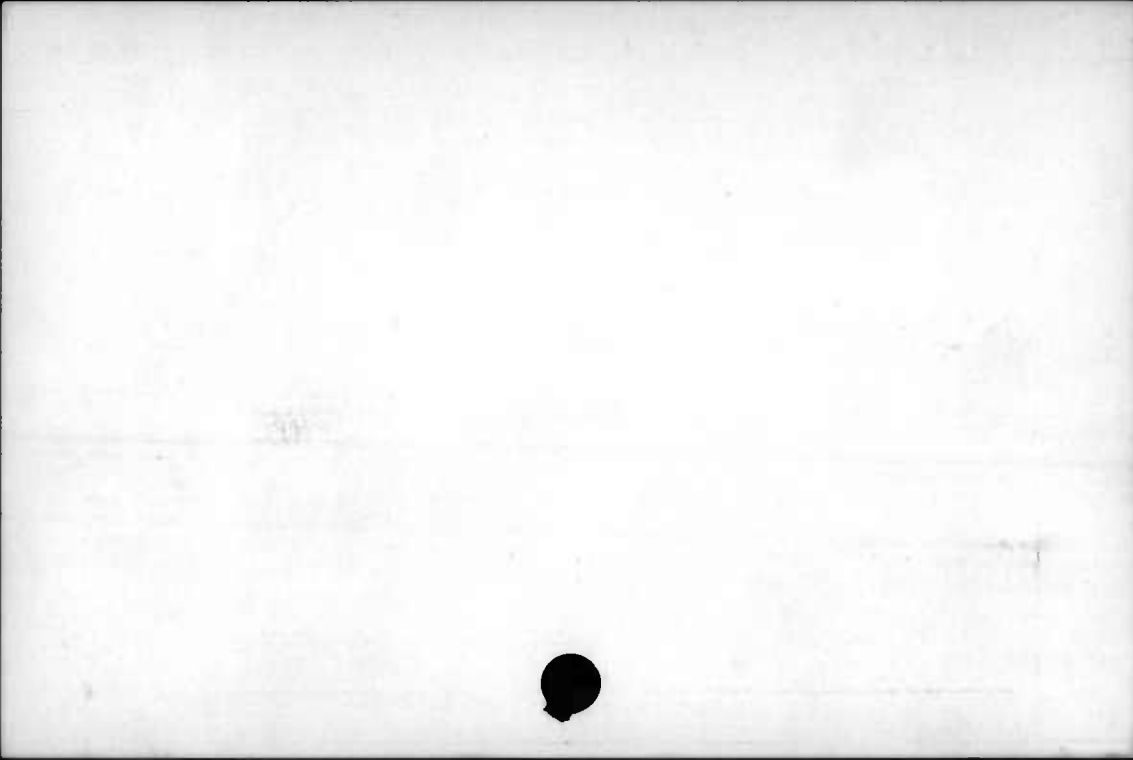
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>27 yrs</i>
Immediate <i>Interstitial Nephritis</i>	How long <i>One Month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Catonsville</i>
Accident or Suicide?	



Name in Full		MAGDALEIN RUTH BALLENTINE				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death 190 3	Month Aug.	Day 25	Age	Years	Months 2	Days 2
	Sex	Female		Color or Race	White		Birth-place Highlandtown
	Married, Single or Widowed	—		Occupation		—	
	Name of Wife or Husband —						
	Father's Name	Arthur Ballentine				Father's Birthplace	U.S.
	Mother's Maiden Name	Catherine Fleming				Mother's Birthplace	U.S.
Name of person giving information		Mother				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pertussis				How long	2 weeks.
	Immediate	cholera infantum				How long	4 days.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	F. A. Glantz	
					Address	41 Eastern Ave. E.t.	
Accident or Suicide?							



Name
in
Full

Calder Berry

CERTIFICATE OF DEATH

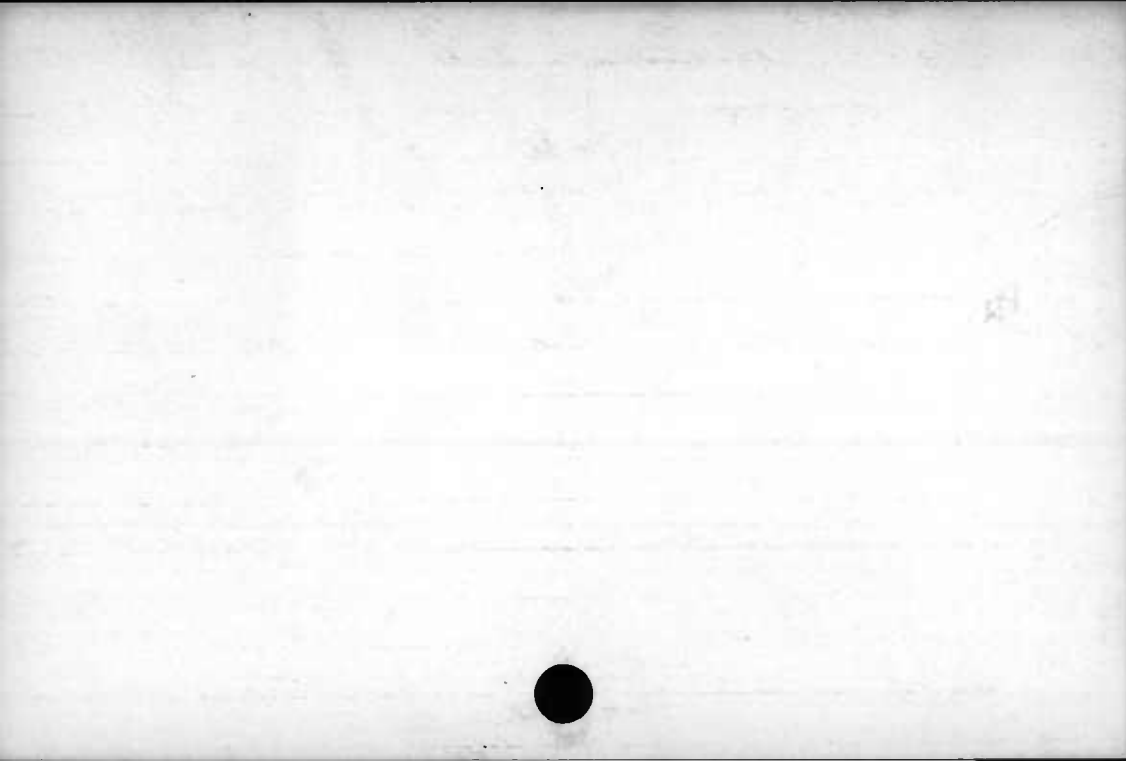
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Shane		County Baltimore		MARYLAND					
Date of death 1903		Month August		Day 15		Age Years 8		Months 8		Days 3	
Sex Male		Color or Race Negro		Birth- place Maryland							
Married, Single or Widowed Single				Occupation none							
Name of Wife or Husband											
Father's Name Alexander Berry						Father's Birthplace Maryland					
Mother's Maiden Name Laura Soobans						Mother's Birthplace Maryland					
Name of person giving in formation Laura Berry						How related to deceased mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy		How long 7 years	
Immediate Epilepsy		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Millard Stirling M.D.	
		Address Shane Md.	
Accident or Suicide?			



Echie Bishop

Died at *Milrall* ^{Town} *Balto* ^{County} MARYLAND

Date 19*03* ^{Month} *Aug* ^{Day} *20* Age *14* ^{Y.} *8* ^{M.} *7* ^{D.} Native of *md* Occupation *House work*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *Thos. Bishop* Mother's Name *Annie Bishop*

Cause of Death { Primary *Typhoid Fever* How long sick *about 9 weeks*
 Immediate *Phthisis Pulmonalis* Accident, Suicide, Homicide

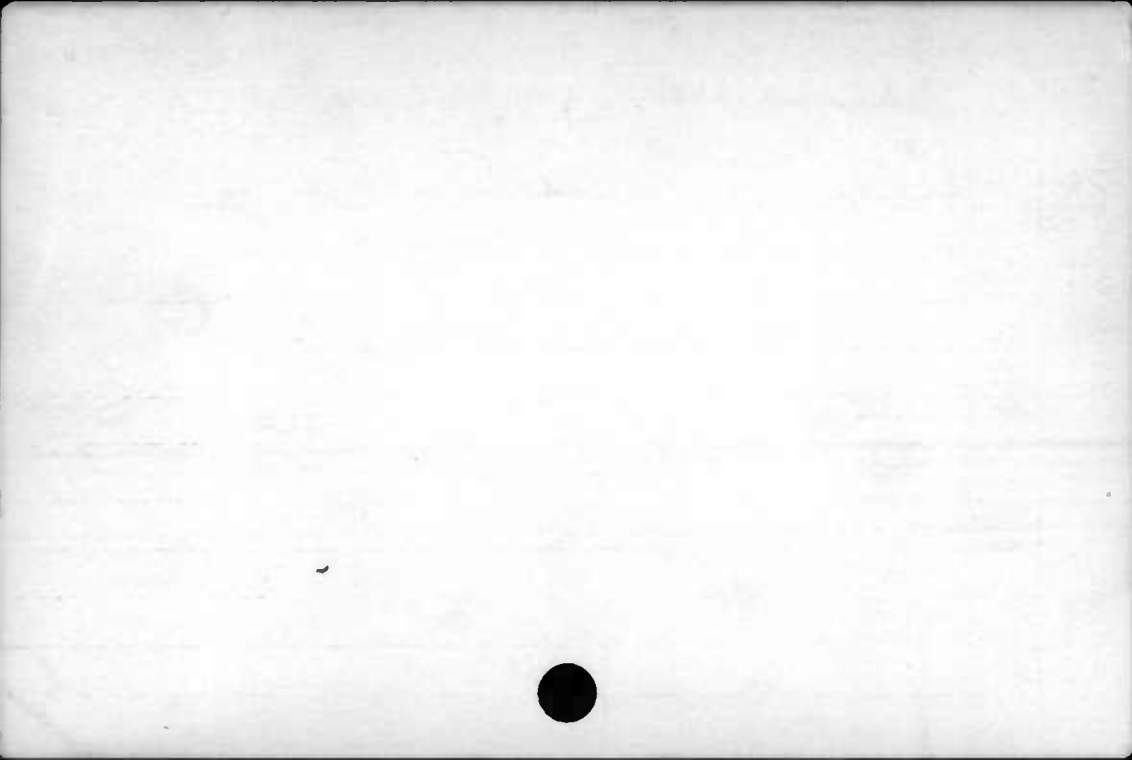
Reported by *S. R. Wartz M.D.*
 Address *765- 3rd Ave Baltimore*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Barr Hill Cemetery

A. S. Marsh Hall
3539 Fall Road

Name in Full		Valentine Bommer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Jacksonville		County Baltimore		MARYLAND
	Date of death 190		Month 3	Day Aug.	Age 15	Years 82	Months 7
	Sex male		Color or Race white		Birth- place Germany		
	Married, Single or Widowed		widower		Occupation blacksmith		
	Name of Wife or Husband _____						
	Father's Name not known				Father's Birthplace Germany		
	Mother's Maiden Name not known				Mother's Birthplace Germany		
Name of person giving In formation John B. Hoerner				How related to deceased step-son			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Heart disease				How long 3 years		
	Immediate Enteritis				How long 2 weeks		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Thos. H. Emory Jr. D.		
	Accident or Suicide? no				Address Hess, Ind.		



Name In Full

Certificate of Death

Carl Edward Bosley

Town

County

Died at

Munition

Balt.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 19

Age

13-10

U.S.

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Edward A. Bosley

Maiden Name

Mary A. Green

Cause of

Primary

Epilepsy

How long sick

6-8 days

Death

Immediate

Peritonitis

~~Accident, Suicide, Homicide~~

Reported by

T. Ross Payne M.D.

Address

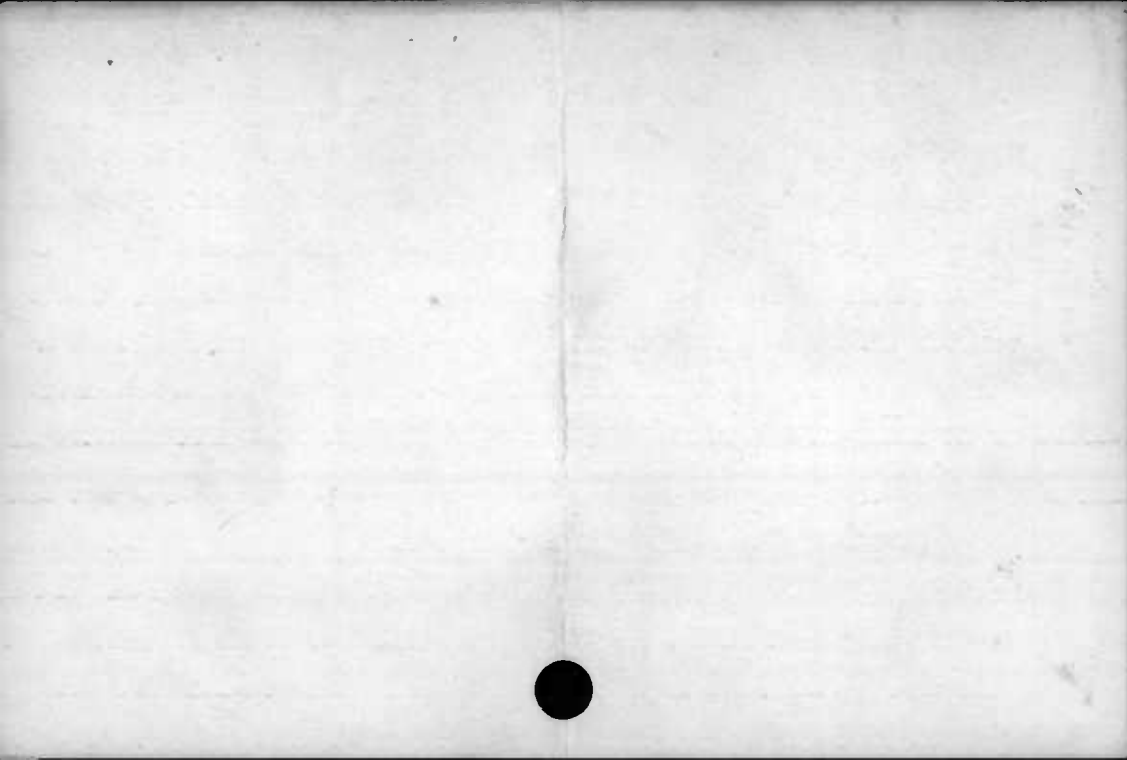
Caret

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full		Mary C. Bosley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 190		Month	Day	Years	Months
		3		8	23	Age 35	9
		Sex		Color or Race		Birth-place	
		Female		White		Trenton	
		Married, Single or Widowed		Occupation			
		Married		Housewife			
Name of Wife or Husband		Thomas E Bosley					
Father's Name		William Curtis				Father's Birthplace	
						Shamberg	
Mother's Maiden Name		Cathryn E Curtis				Mother's Birthplace	
Name of person giving information		John W. Miller				How related to deceased	
						94	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Relapsing Fever + Pleurisy				7 days	
		Immediate				How long	
		Heart Failure				12 hrs	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				Address	
		L. M. Rush, M.D.				Brooklynville, Md	
Accident or Suicide?							



No record

Town

County

Died at LondondownBolton

MARYLAND

Date 1903 Month Aug Day 7 Y. 1903 M. Aug D. 7 Native of — Occupation —

Male White Married Widow Divorced —

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —

Husband of
Wife

Father's Name Thos J Bound

Mother's Name Emmette Bounds

Cause of Death { Primary Still born

How long sick —

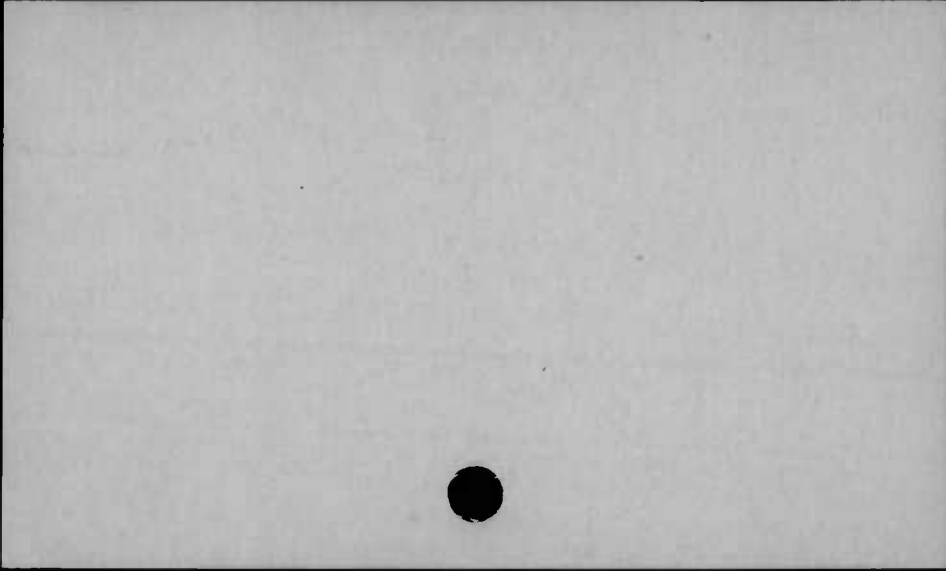
Death { Immediate

~~Accident, Suicide, Homicide~~

Reported by Arthur Williams M.D.

Address Elk Ridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

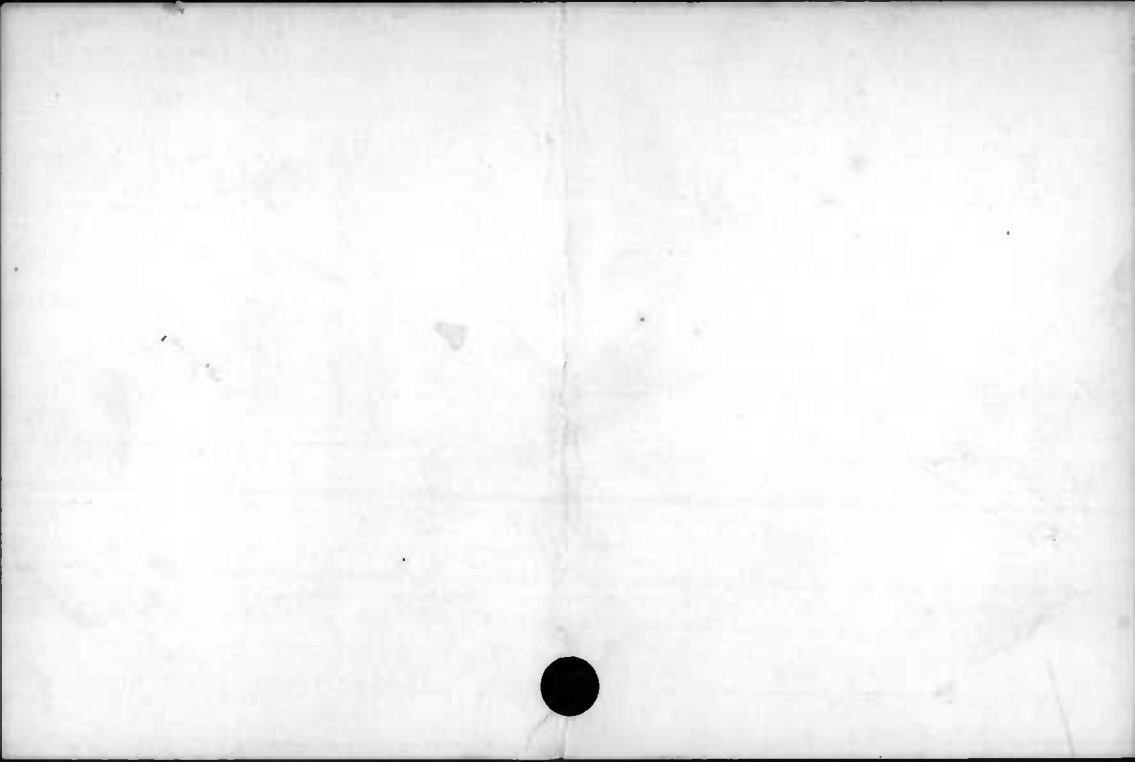
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckleysville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>9</i>	Month <i>8</i>	Day <i>1st</i>	Age <i>3</i>	Years	Months <i>0</i>	Days <i>8</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Buckleysville</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>George Bowen</i>				Father's Birthplace <i>Forsch. Ind.</i>			
Mother's Maiden Name <i>Jennie Bull</i>				Mother's Birthplace <i>Buckleysville</i>			
Name of person giving information <i>Webster Alvan</i>				How related to deceased <i>son.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro-spinal meningitis.</i>	How long <i>5-days</i>
Immediate <i>Coma & weak heart</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Rush M. D.</i>
	Address <i>Buckleysville, Ind.</i>
Accident or Suicide?	



Name
in
Full

Wm Edward Brannan

CERTIFICATE OF DEATH

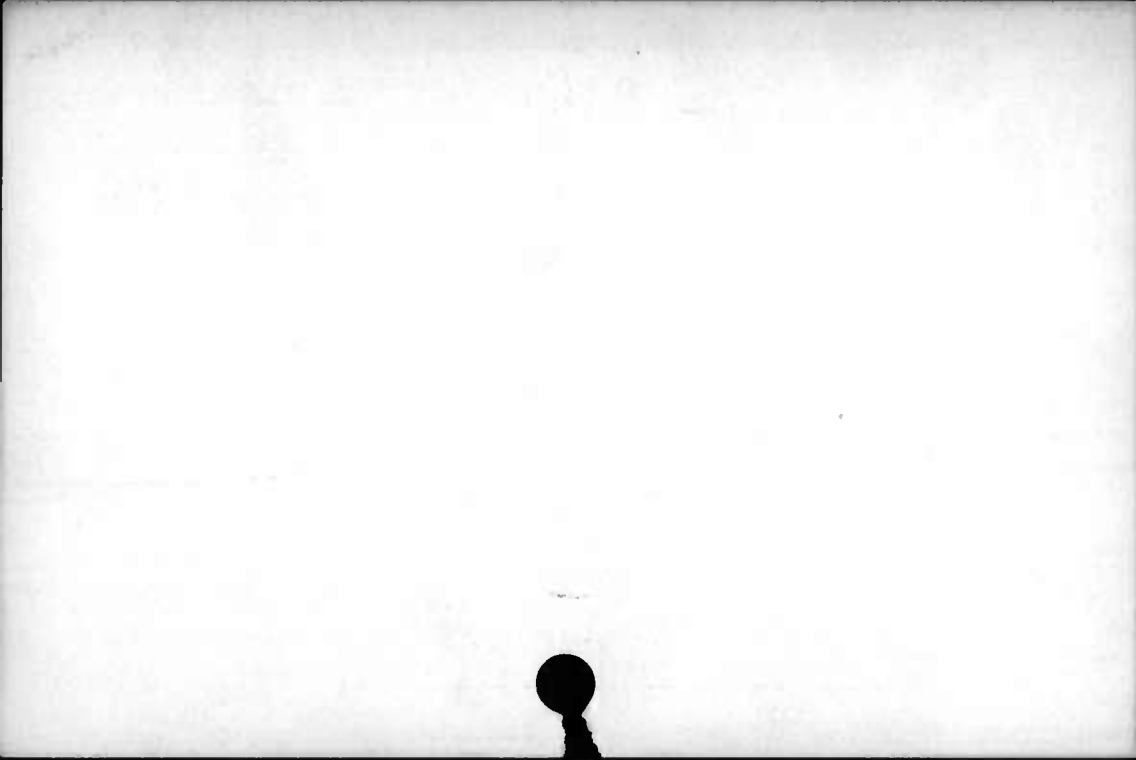
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cawton		County Balto		MARYLAND	
Date of death 1903	Month Aug	Day 31	Age 1	Years	Months	Days	
Sex Male	Color or Race white		Birth- place Balto Co.				
Married, Single or Widowed Single			Occupation none				
Name of Wife or Husband							
Father's Name Charles J Brannan				Father's Birthplace U S a			
Mother's Maiden Name Annie V Biddison				Mother's Birthplace U S a			
Name of person giving in formation Charles Brannan				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	10 days
Immediate	Convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Wiley	
		Address 2 - Hudson st Etc	
Accident or Suicide?			



Name in Full		Ann H Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Govanestown		County Balto		MARYLAND	
	Date of death 190	3	Month Aug	Day 1 st	Age 69	Months 8	Days 28
	Sex	Female		Color or Race	White		Birth-place Greensburg Pa
	Married, Single or Widowed	Widow			Occupation Housewife		
	Name of Wife or Husband	A W Brown					
	Father's Name	Thos Nicholson				Father's Birthplace	Pa
	Mother's Maiden Name	Mary Ann Buffle				Mother's Birthplace	Pa
Name of person giving information	Mrs Ella B Heas				How related to deceased	daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastro Enteritis			How long	105 two months	
	Immediate	Ulceration of Intestines			How long	12 hours	
	Are the name, age, sex, color, date and place correctly given above?			yes			
				Signature of Physician H. C. Heas, M.D.			
			Address Sta. 4 Govanus Balto Md.				
Accident or Suicide?							



Name
in
Full

Thomas W. Brundige

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Groverstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190	Month <i>aug</i>	Day <i>13</i>	Age <i>83</i>	Months <i>5</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married or Widowed <i>Widower</i>			Occupation <i>Retired</i>		
Name of Wife or Husband					
Father's Name <i>James Brundige</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Rebecca Worthington</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Thomas W Brundige</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	<i>14</i>	How long <i>3 days</i>
Immediate <i>Collapse & Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Duncane</i>	
	Address <i>Groverstown</i>	
Accident or Suicide?	<i>med</i>	



Name
in
Full

Eleanor Emily T Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hollis Station		County Baltimore, Co.		MARYLAND	
Date of death 1903	Month August	Day 5	Age 67	Years 67	Months 4	Days 0	
Sex Female	Color or Race White		Birth- place Baltimore				
Married, Single or Widowed Widowed		Occupation Lady					
Name of Wife or Husband John M. Buck							
Father's Name Alexander Benson Coe				Father's Birthplace Baltimore			
Mother's Maiden Name Margaret E. Thompson				Mother's Birthplace Annapolis			
Name of person giving information Mrs. John B. Myers				How related to deceased Daughter Physician			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Regurgitation	How long	3 yrs.
Immediate	Acute Myocarditis	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		N. V. Mark	
Address		940 Madison Ave	
Accident or Suicide?			

Stewart & Mowbray

Undertakers

Name in Full

Certificate of Death

Rachael Ann Carroll

Town

County

Died at

Ashland Balto.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8 19

Age

58 3

Md

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Endocarditis

How long sick

6 months

Death

Immediate

Pulmonary Oedema.

Accident, Suicide, Homicide

Reported by

Address

Wilmer C. Ensor M.D. 1900
Cockeysville, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

~~Husband~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

Female

White

~~Colored~~

Married

~~Single~~

Widow

~~Widower~~~~Divorced~~

Number of children living

2

MARYLAND

of

George E. Gumpach

Maiden Name

Mother's

Mary Jane Euser

Primary

Immediate

How long sick

4 weeks

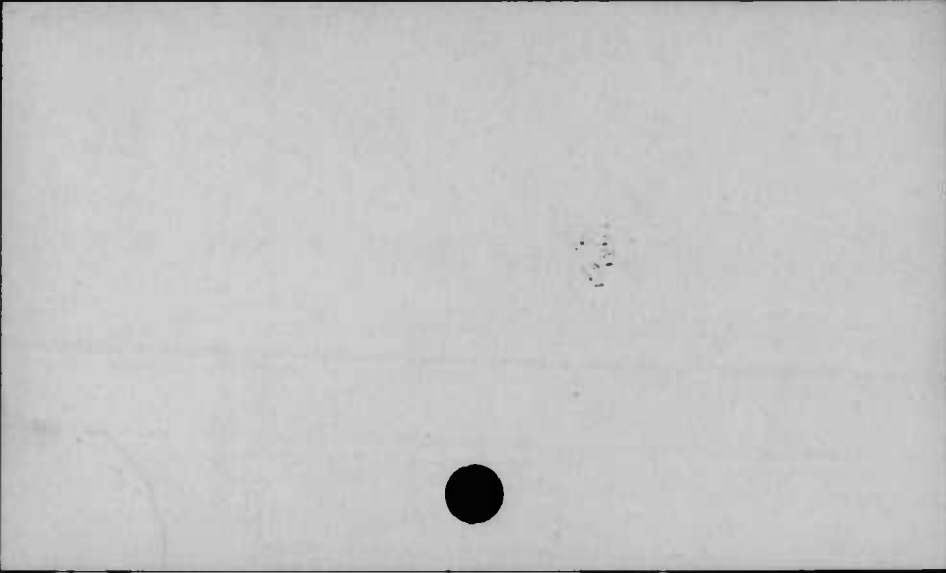
~~Accident, Suicide, Homicide~~

Reported by

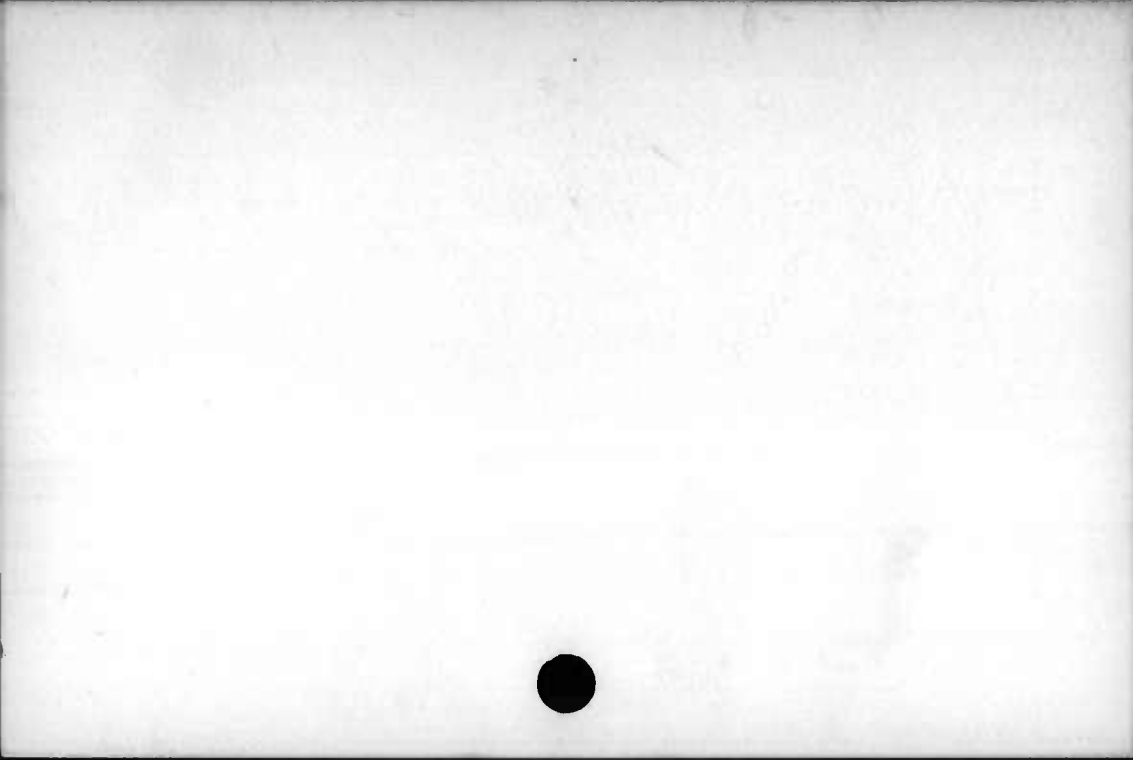
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70060



Name in Full		Comser, Susan J.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 1903		Month	Day	Age	Years
		Sex		Color or Race		Birth-place	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		Address					
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

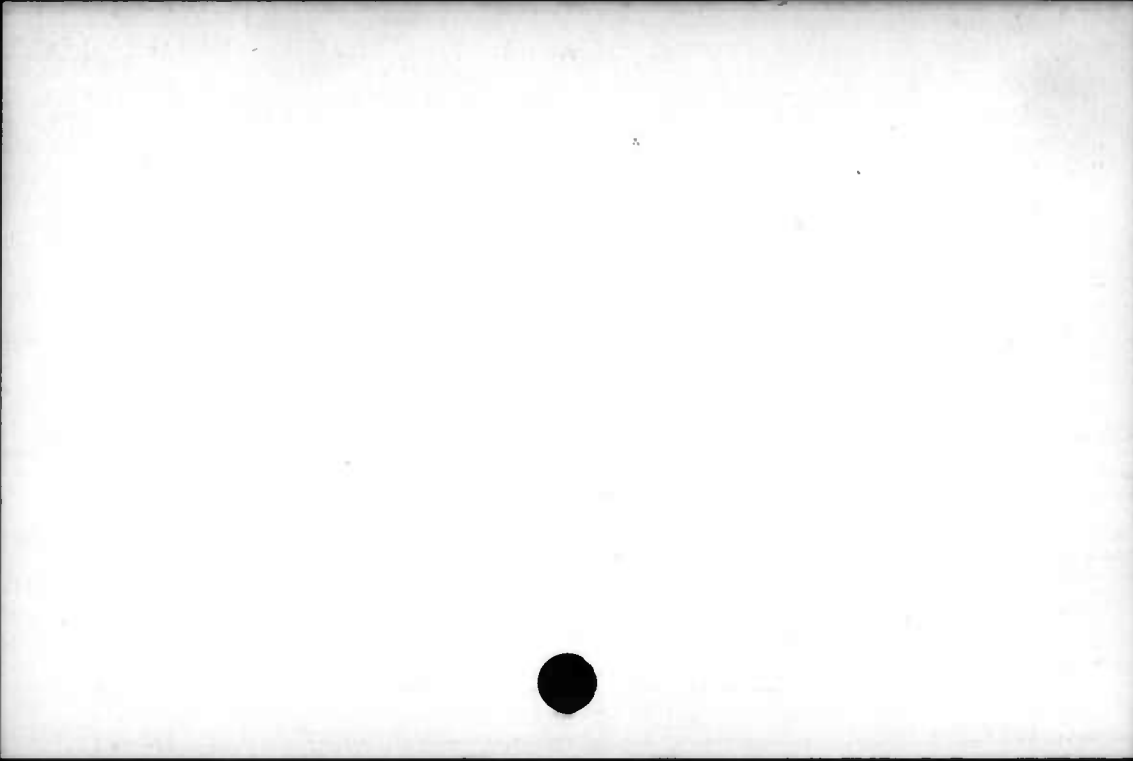
TO BE ANSWERED BY.
NEAREST FRIEND

Died at <i>Emory Grove</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>28</i>	Age <i>36</i> Years
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Balto City</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Architect & Builder</i>		
Name of Wife or Husband <i>Mollie M. Mercer</i>			
Father's Name <i>James H. Coster</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Caroline C. Kraft</i>	Mother's Birthplace <i>Balto City</i>		
Name of person giving information <i>James H. Coster</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>One hour</i>
Immediate <i>Embolism followed by paralysis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. M. Price</i>
	Address <i>945 N. Ave</i>
Accident or Suicide? <i>/</i>	



Name in Full

Certificate of Death

Died at

Date 1903

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Thos. Corahy Jr.
Town Bearssdam County Talis.

8 31 Age 7

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

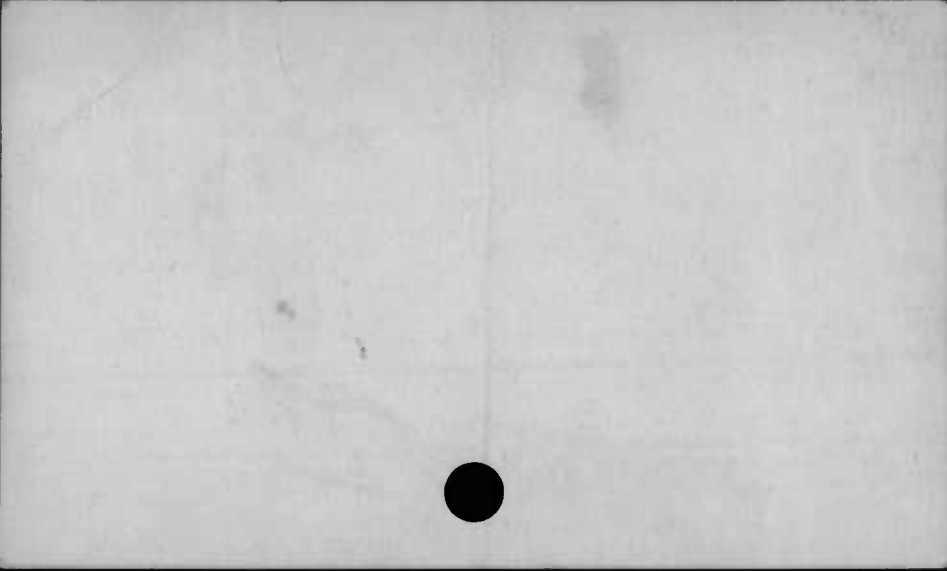
Thos. J. Corahy Mary E. Brady

Pneumonia 4 days

Dr. Thos. C. Bussey Talis

Md

LIBRARY BUREAU, 70000



Name
in
Full

Maud Croftin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Bolton</i> <small>County</small>		MARYLAND	
Date of death <i>1903 Aug 17</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>34</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Atlanta Ga.</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving Information <i>L. P. White</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hysteria</i>	How long <i>5 Mos.</i>
Immediate <i>Strangulation by hanging</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Henry P. White</i>
	Address <i>Catonsville Md</i>
Accident Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lena Cuddy
Parkton

Town

County

Balt

MARYLAND

Date

of death 1903

Month

8

Day

27

Age

Years

72

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Pa

Married, Single
or Widowed

married

Occupation

House wife

Name of Wife or
Husband

W. R. Buddy

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
information

W. R. buddy

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Apoplexy

bat

How long

8 hrs

Immediate

" "

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

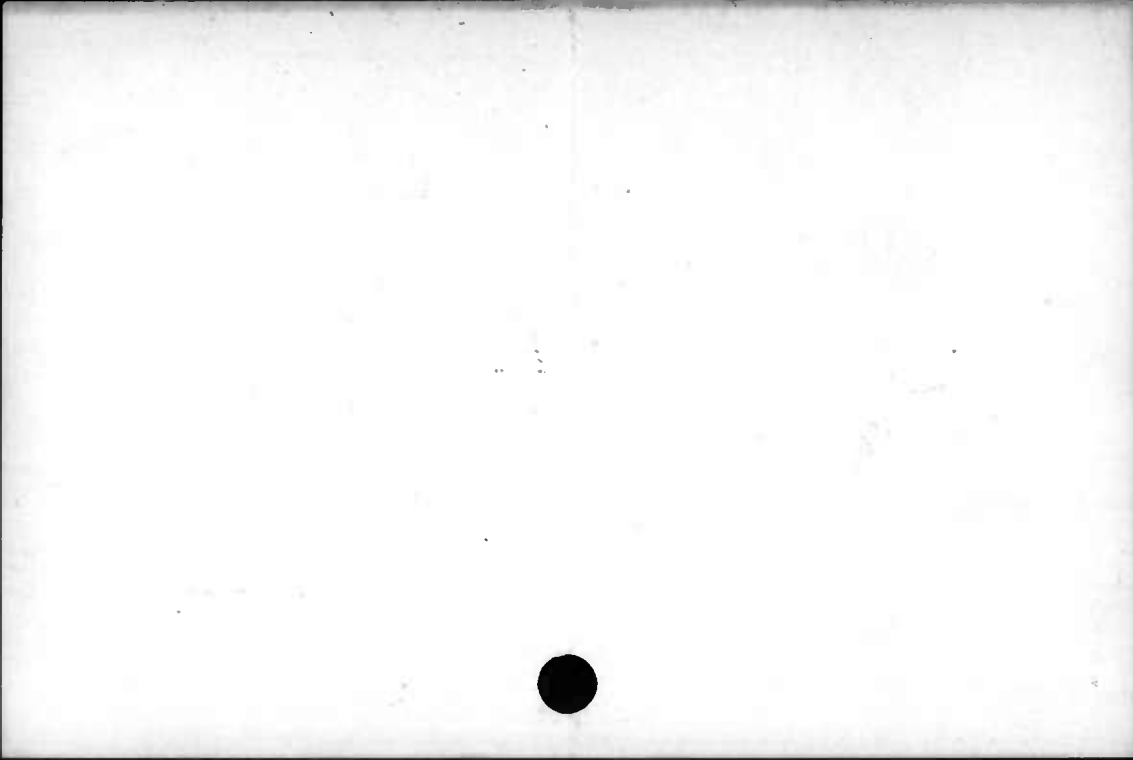
W. R. B. Morris

Address

Parkton
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



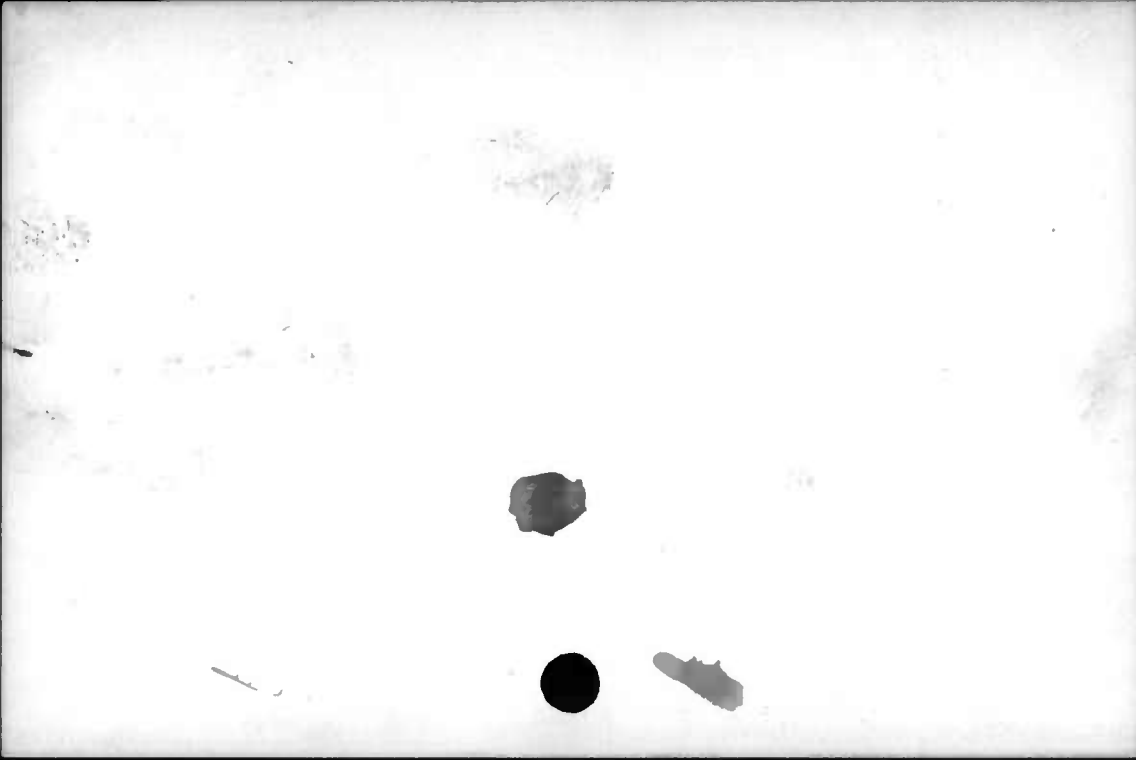
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope</i> ^{Town} <i>Rebreah</i> ^{County} <i>Balto Co</i>		MAYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>12th</i>	Years <i>63</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place
Occupation <i>Labour</i>		Where Residing if not at place of death <i>188 High St Balto Md</i>	
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name	Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Recds Mt Hope Rebreah</i>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>68</i>
Immediate <i>Ex - Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Rebreah</i>
Accident or Suicide?	



Name
in
Full

Carlota A. Dalcour

CERTIFICATE OF DEATH

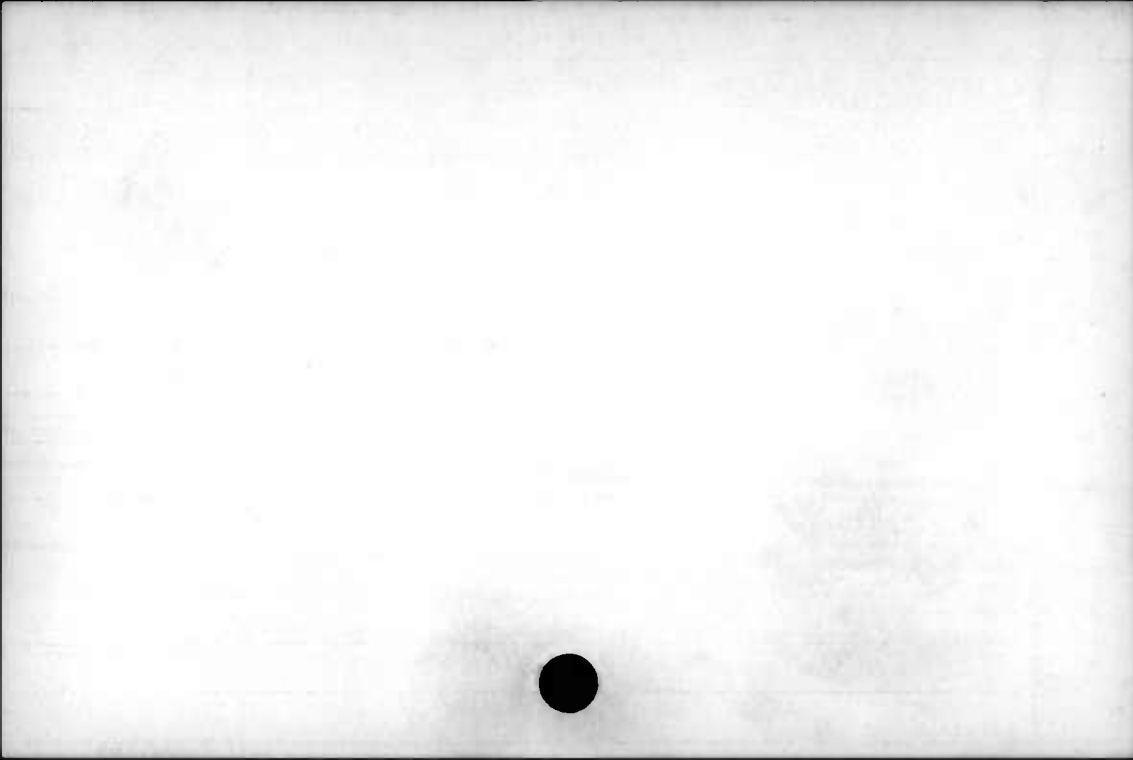
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elliott City</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug.</u>	Day <u>15</u>	Years <u>1</u>	Months <u>3</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Elliott City, Baltimore Co</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Gustav Y. Dalcour</u>			Father's Birthplace <u>Cuba</u>		
Mother's Maiden Name <u>Guillermina C. De Bulhet</u>			Mother's Birthplace <u>Cuba</u>		
Name of person giving information <u>Gustav Y. Dalcour</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Intestinal Catarrh</u>	How long <u>2 1/2 months</u>
Immediate <u>acute Gastro-Enteritis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. M. Dabney M.D.</u>
	Address <u>1031 Cathedral St., Baltimore.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

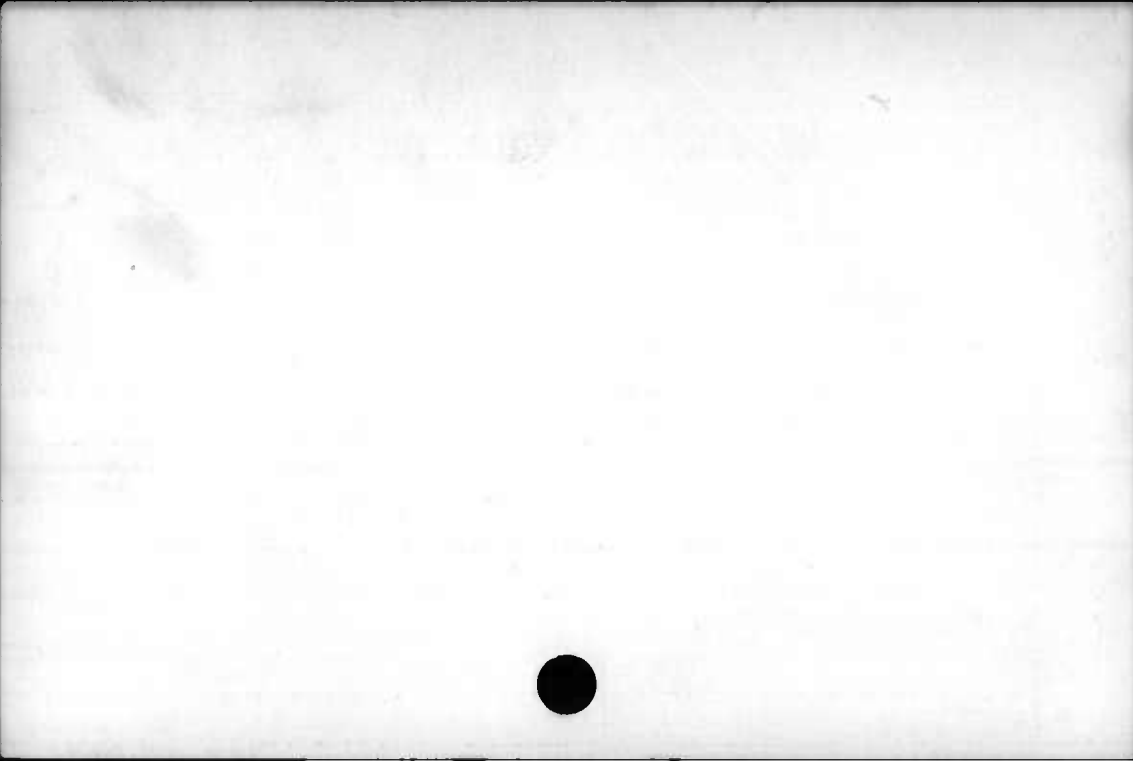
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heatonville</i> ^{Town}		<i>Butte</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>21</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>30 years</i>
Immediate <i>Ch Interstitial Nephritis</i>	How long <i>14 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Percy Kude</i>
<i>no</i>	Address <i>Heatonville, Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Pattie Dawson

CERTIFICATE OF DEATH

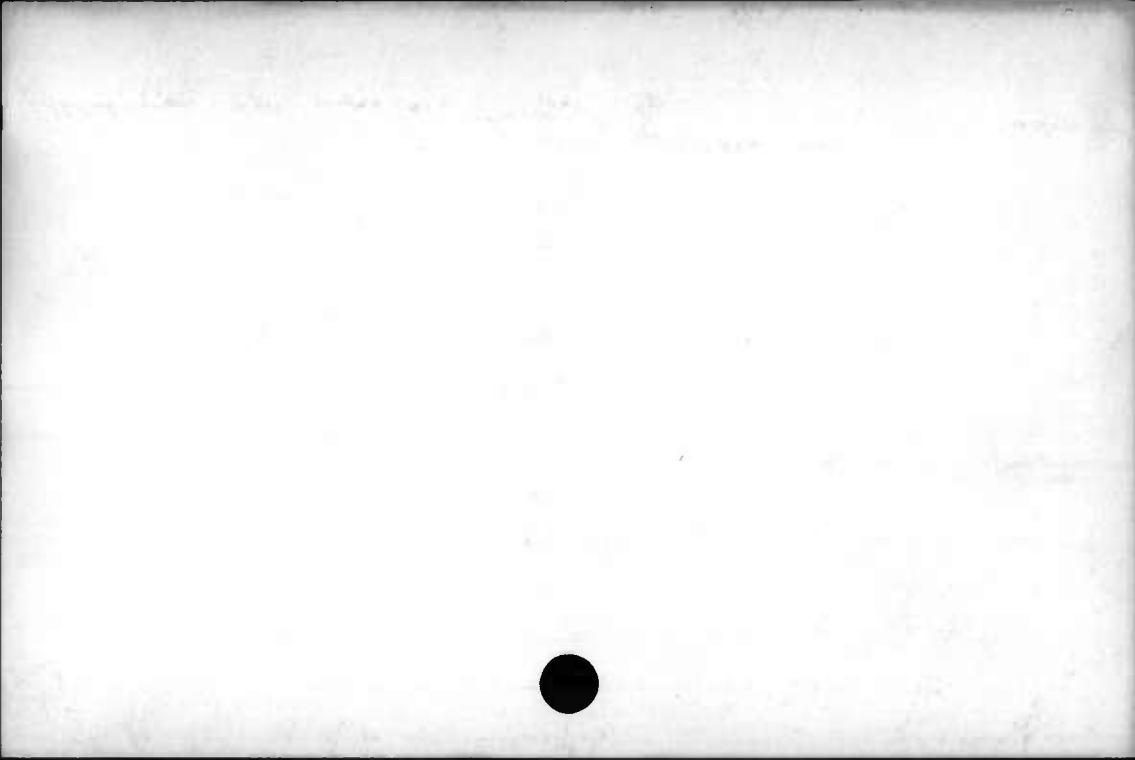
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Birmingham</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>20th</i>	Years <i>40</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>Virginia</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i>Chas Dawson</i>							
Father's Name <i>Edward Booker</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Chas Dawson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pelvic & General Peritonitis</i>	How long	<i>None</i>
Immediate	<i>resulting from ovarian abscess</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John F. Ray Coroner</i>	
		Address <i>320 Bank St, Highlandtown</i>	
		<i>Balto Co, Md</i>	
Accident or Suicide?			



Name

in

Full

Hellen E Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at North Hills

Baltimore Co

Date

of death 1903

Month

Aug

Day

13

Age

Years

1

Months

9

Days

Sex

Female

Color or
Race

White

Birth-
place

North Hills Md

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

James Day

Father's
Birthplace

Md

Mother's
Maiden Name

Minnie Gough

Mother's
Birthplace

Md

Name of person giving
In formation

James Day

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough 8

How long

3 weeks

Immediate

Pneumonia

How long

1 1/2 hours

Are the name, age, sex, color, date
and place correctly given above?

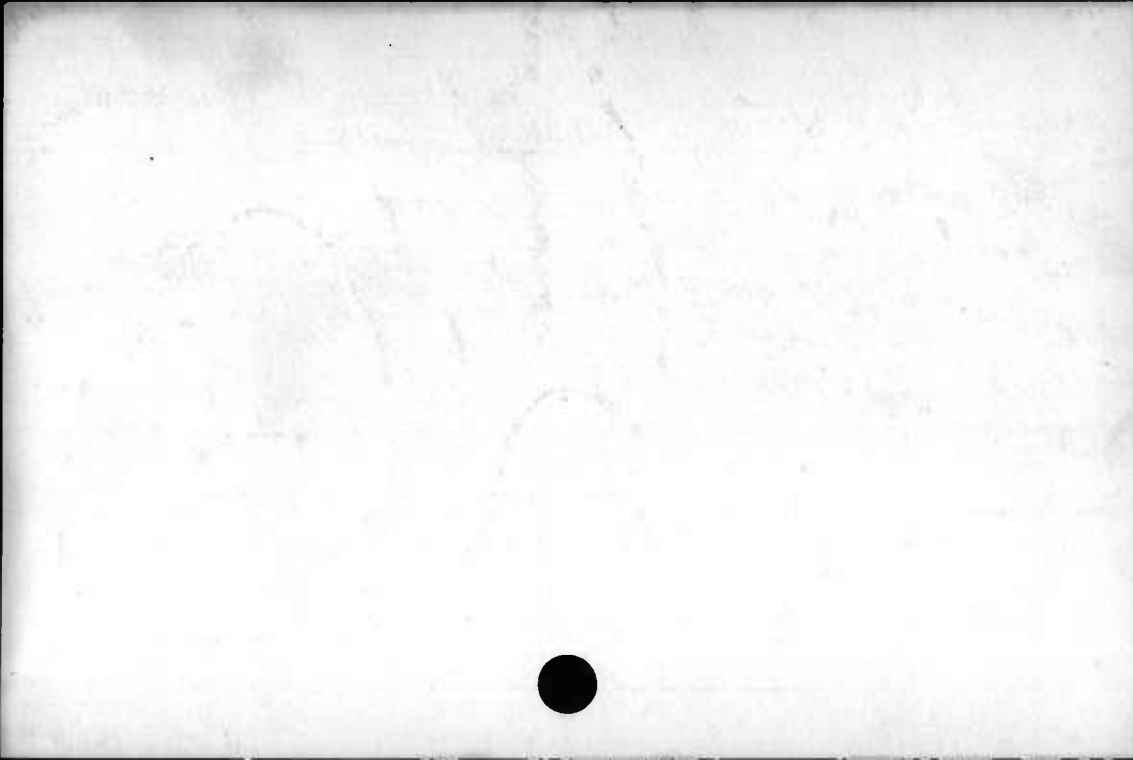
Yes

Signature of
Physician

Address

Mother & Day
North Hills MdPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

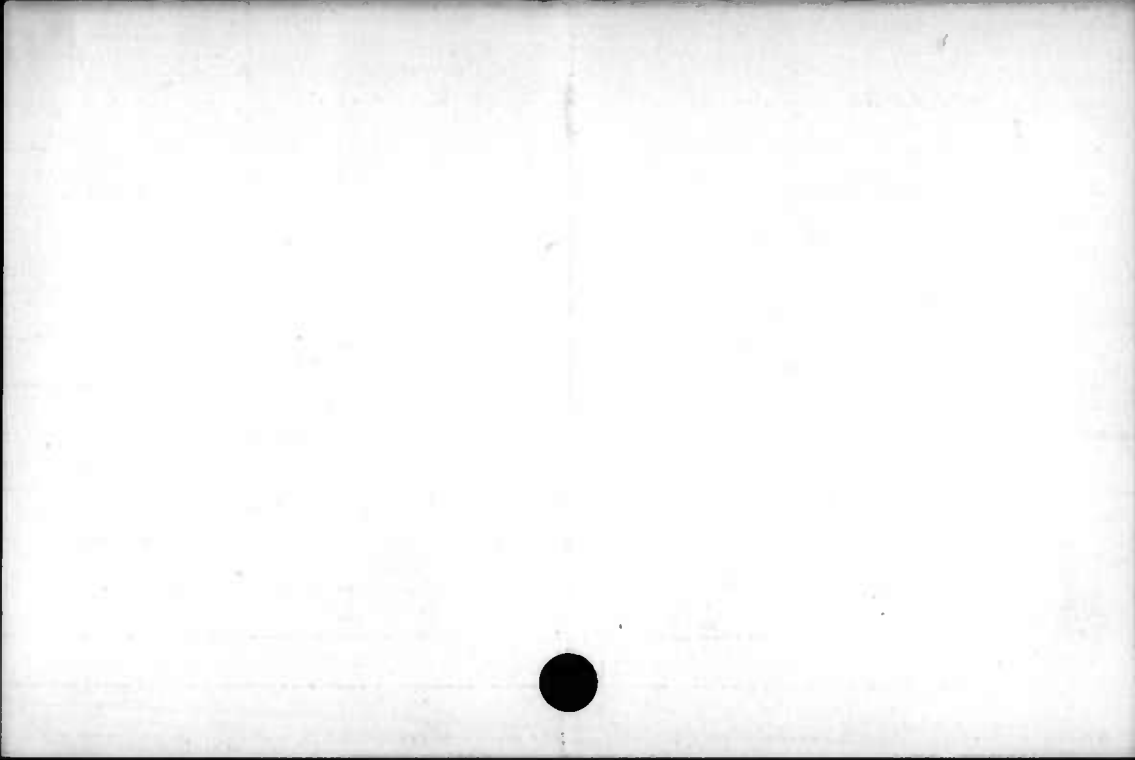
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodstock College</i>		Town <i>Woodstock</i> County <i>Balto</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>64</i>	Months <i>6</i>	Days <i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>London England</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>None</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Rev. J. A. White S.J.</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyemia Heart Disease of Chronic Nature</i>	How long <i>About 9 years</i>
Immediate <i>Pulmonary Odema and Cong</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Apple</i>
	Address <i>Chambers Ind</i>
Accident or Suicide?	



Name in Full *Jane Dyer*
 Died at *Leas* Town *Bea* County *MARYLAND*
 Date 19*03* Month *Aug* Day *19* Y. *60* M. *—* D. *—* Native of *Ma* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Maiden Name *Lea*

Cause of

Primary

Cerebral Apoplexy

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

E. G. V. M.D.

Address

Prossville Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chas E Eckhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>18</i>	Age <i>29</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Store keeper</i>					
Name of Wife or Husband <i>Josephine Samolinski</i>							
Father's Name <i>John E. Eckhart</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Martha Holl</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Josephine Eckhart</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>21 days</i>
Immediate <i>Intestinal Perforation</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Flowers MD</i>
	Address <i>2511 E Preston St</i>
Accident or Suicide?	

Holy Redeemer Cemetery

Aug. 21st 1903

Germanus France

Undertaker

Name
in
Full

Charles Edward Eichman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lutherville</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>August</i>	^{Day} <i>29th</i>	^{Years} Age <i>35</i>	^{Months} <i>10</i>	^{Days} <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Merchant Tailor</i>				
Name of Wife or Husband <i>Mary Stansbury</i>					
Father's Name <i>J. C. Eichman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Roxanna Marden</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving information <i>Henry Stansbury</i>			How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>2 years</i>
Immediate <i>Uremic poisoning</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Stansbury</i>
	Address <i>1716 Linden Ave</i>
Accident or Suicide?	

John I Pennington
1716 Linden Ave

Name
in
Full

CERTIFICATE OF DEATH

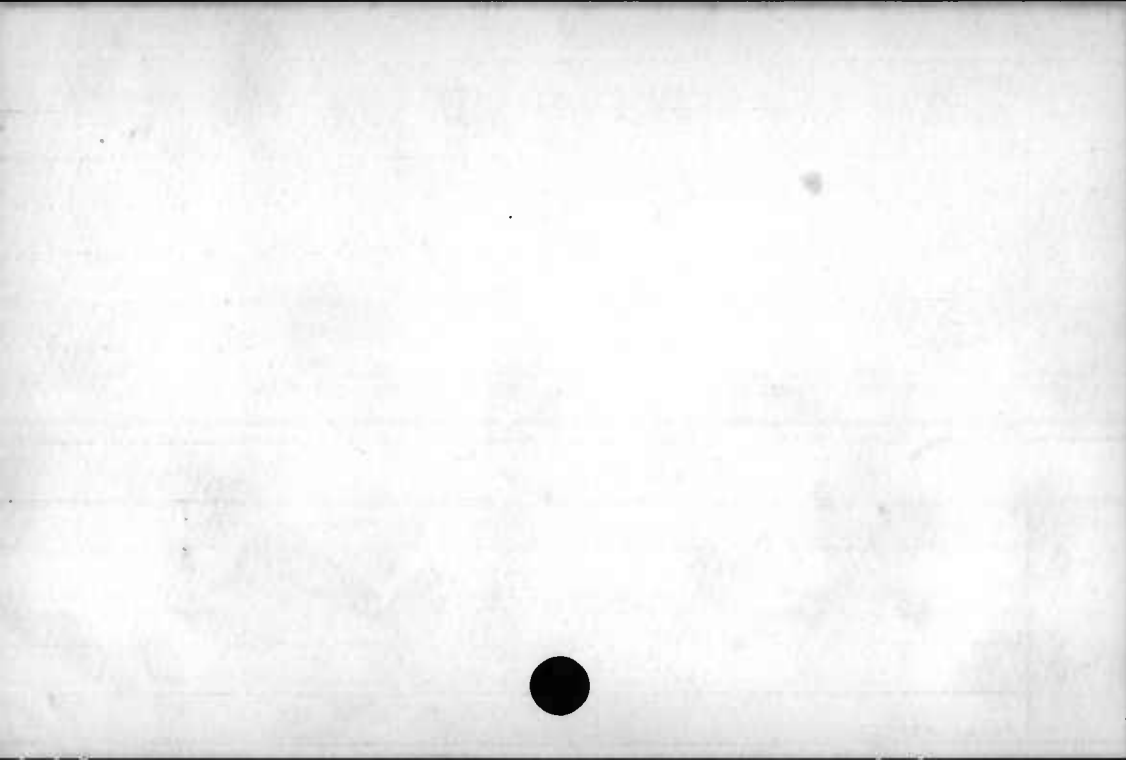
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrowtown</i> Town <i>Balto</i> County <i>Co.</i>		MARYLAND	
Date of death 190 <i>3</i> <i>Aug.</i> Month <i>14</i> Day <i>14</i> Years Months Days	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co.</i>
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>		
Name of Wife or Husband <i>Mary Ellis</i>			
Father's Name <i>James Ellis</i>	Father's Birthplace <i>Balto Co.</i>		
Mother's Maiden Name <i>Mary Timbony</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>James M Ellis</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infanilis</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo B Reynolds MD</i>
	Address <i>509 N Charles St</i>
Accident or Suicide? <i>Neither</i>	



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George Ellison

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

8 18 65

Age

White

Married

Widow

Divorced

~~Colored~~~~Single~~

Widower

Number of children living

74

was about 2 mos.

Mother's
Maiden name duration of last illness

Primary

Immediate

Heart disease & nephritis

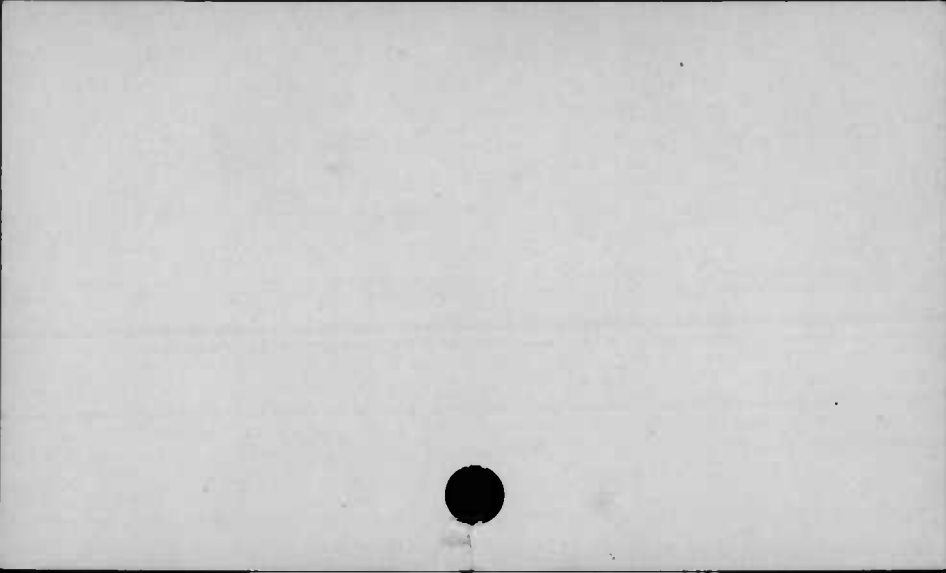
Dropsy

How long sick

Accident, Suicide, Homicide

Dr. Thos. C. Bussey
Texas

Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Fryen*

Died at *St. Agnes' Sanitarium* Town *Baltimore* County *MARYLAND*

Date of death 1903 Month *VIII* Day *21* Age Years *33* Months Days

Sex *Male* Color or Race *White* Birth-place *Tennessee*

Married, Single or Widowed ☒ Married Occupation

Name of Wife or Husband

Father's Name Birthplace

Mother's Maiden Name Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *C. E. Hill M.D.* Address *Wilmington Md.*

Accident or Suicide? ☒



Name
in
Full

Abigail Gambrell

61
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Whitman		County Baltimore		MARYLAND	
Date of death 1903	Month Aug	Day 27	Age 82	Years	Months 9	Days 27	
Sex Female	Color or Race white		Birth- place Virginia				
Married, Single or Widowed widow			Occupation Her				
Name of Wife or Husband							
Father's Name Edij News				Father's Birthplace Md			
Mother's Maiden Name Priscilla Wood				Mother's Birthplace Md			
Name of person giving In formation Walter Gambrell				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ague, Heart Disease	How long
Immediate	ischemia	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician John W. Harrison
		Address Middle River Md
Accident or Suicide?	No	

Interment
Camp chapel

Name

in
Full

CERTIFICATE OF DEATH

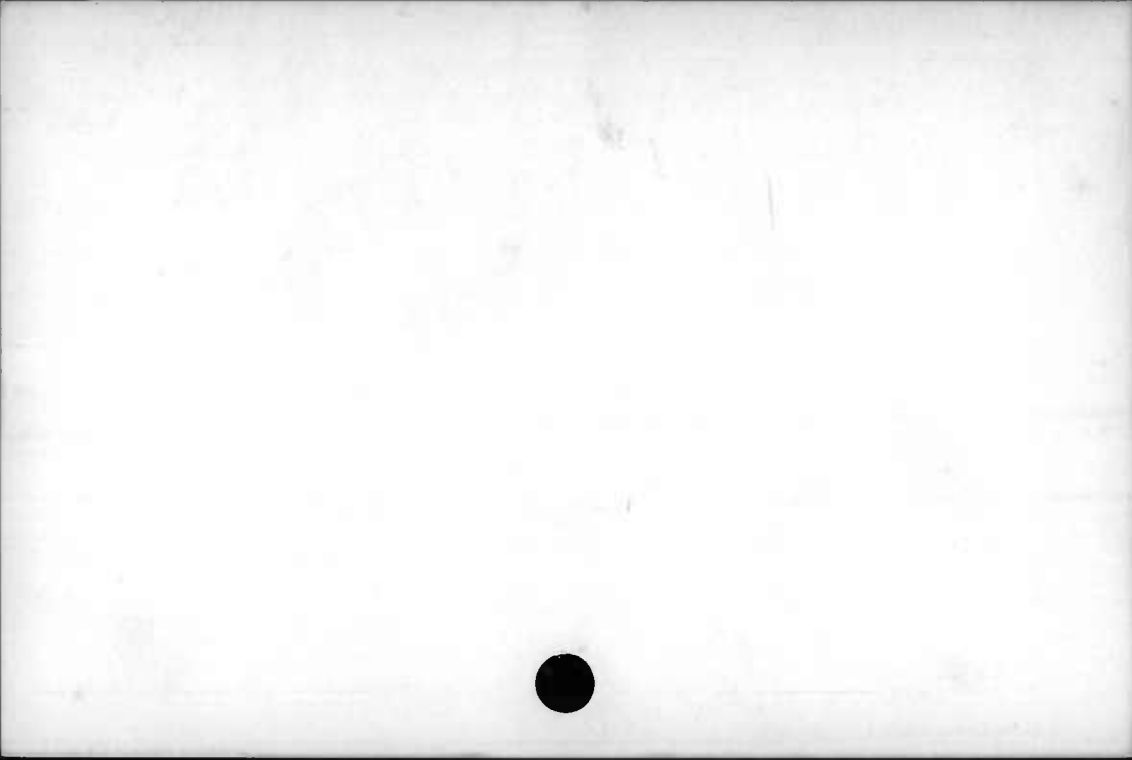
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mad. Hospital for Insane</i>		Town <i>Baltimore</i>		County <i>Catonsville</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i>		Month <i>8</i>	Day <i>23</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer.</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>56</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alco. Insanity</i>	How long <i>1 year</i>
Immediate <i>Senile Exhaustive</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Percy Wade</i>
	Address <i>Catonsville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

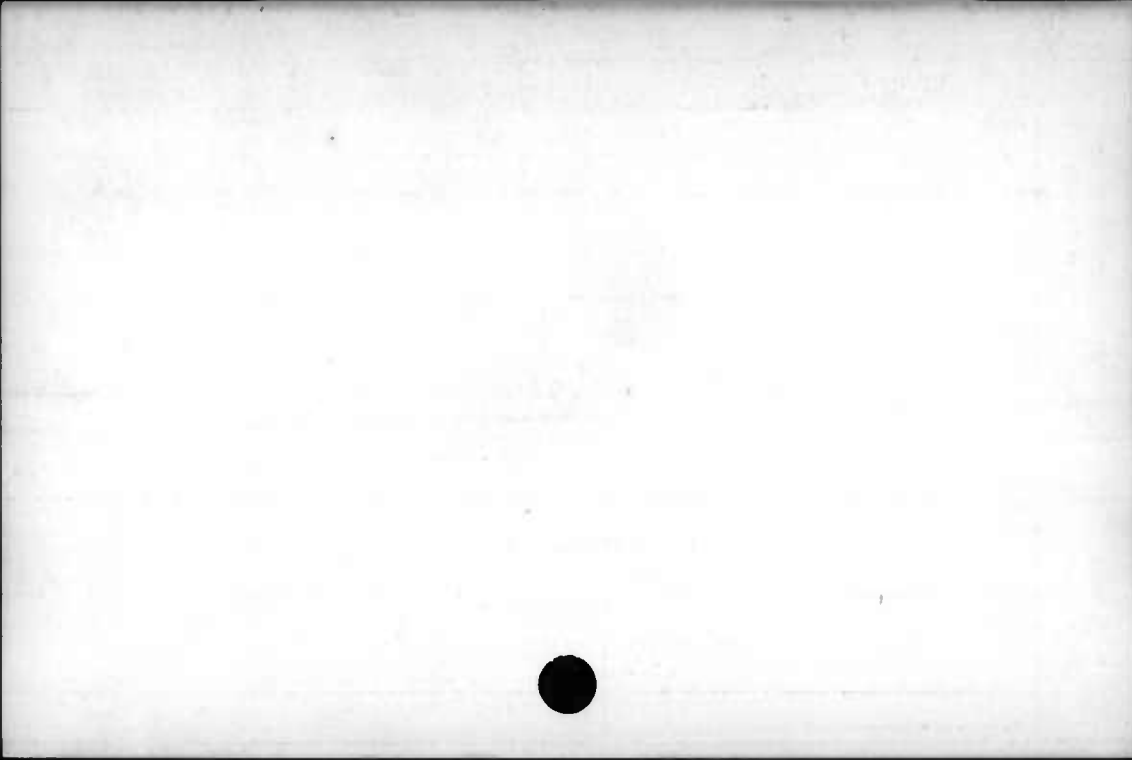
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Helemsville</i>		County <i>Dueto</i>		MARYLAND	
Date of death 190	3	Month	Aug	Day	22	Age	48
Sex	Male		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Single		Occupation		Gardener		
Name of Wife or Husband <i>X</i>							
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving information				How related to deceased <i>X</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Paresis</i>	How long	<i>3 years</i>
Immediate	<i>Cerebral Effusion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. Wade</i>	
Yes <i>X</i>		Address <i>Helemsville, Md.</i>	
No <i>No</i>			
Accident or Suicide?			



Name in Full

Certificate of Death

Annie Gettig

Town

County

MARYLAND

Died at Back River

Baltimore

Date 1893 8 28

Y. M. D.

Native of

Occupation

Age

md

housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Phtthisis Pulmonali

How long sick

1 yr

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. S. Warner M.D.

Address

F 1120

Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Holy Redeemer Cemetery

Aug. 31st 1903

Germanus Franck

Undertaker

Name
in
Full

Nettie Greason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>18th</i>	Age <i>18</i>	Years	Months <i>6</i>	Days <i>9</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Md</i>				
Married, Single or Widowed <i>single</i>	Occupation <i>None</i>						
Name of Wife or Husband <i>[Signature]</i>							
Father's Name <i>Joseph H. Greason</i>				Father's Birthplace <i>Balto. Md</i>			
Mother's Maiden Name <i>Elizabeth M. Giegler</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Elizabeth M. Giegler</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 day</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alex S. Sage M.D.</i>
	Address <i>1716 E Madison</i>
Accident or Suicide? <i>no</i>	

Western Cemetery

Monday Aug. 3rd 1903

Germanus France

Undertaker

Name
in
Full

John Grebner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>19th</i>	Age <i>—</i> Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>Gone</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Grebner</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Anna Maria Scherbel</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>John Grebner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i> <i>105</i>	How long <i>2 weeks</i>
Immediate <i>Asthenia + Inanition</i>	How long <i>2 wks</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry C. Oble M.D.</i>
	Address <i>1703 W. Fayette St</i>
Accident or Suicide?	

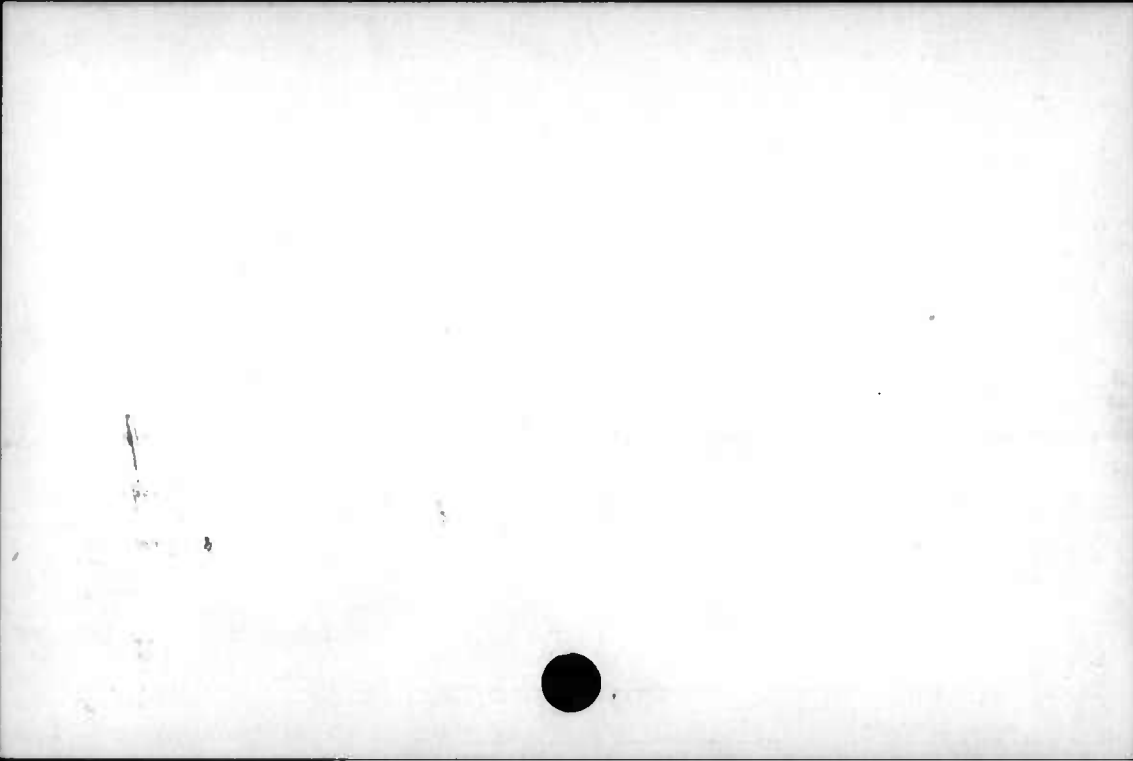
Sacred Heart Cemetery

Aug. 21st 1903

Germanus Thane

Undertaker.

Name in Full		Louis Hackman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St. Agnes' Sanitarium		Balt.		MARYLAND	
	Date of death 190	3	Month VIII	Day 16	Age 53	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed			Occupation	None		
	Name of Wife or Husband	Louis Hackman					
	Father's Name	unknown				Father's Birthplace	Germany
	Mother's Maiden Name	unknown				Mother's Birthplace	Germany
Name of person giving information	John Haake				How related to deceased	120	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Interstitial Nephritis				How long	
	Immediate	Pulmonary Oedema				How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	W. W. Keown M.D.
						Address	St. Agnes Hospital Bal. Md.
	Accident or Suicide?						



Name

in
Full

Dorothea Cecilia Hagenkast

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		BALTIMORE		MARYLAND	
Date of death	1903	Month	August	Day	5	Age	28	Years	3
Sex		Color or Race		white		Birth-place		Baltimore Md	
Occupation				none		Where Residing if not at place of death			
Married, Single or Widowed				Single		Name of Wife or Husband			
Father's Name				George Hagenkast		Father's Birthplace			
Mother's Maiden Name				Mary C. Koenig		Mother's Birthplace			
Name of person giving Information				Rev. H. Hagenkast		How related to deceased			
						Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	

Phthisis Pulmonalis

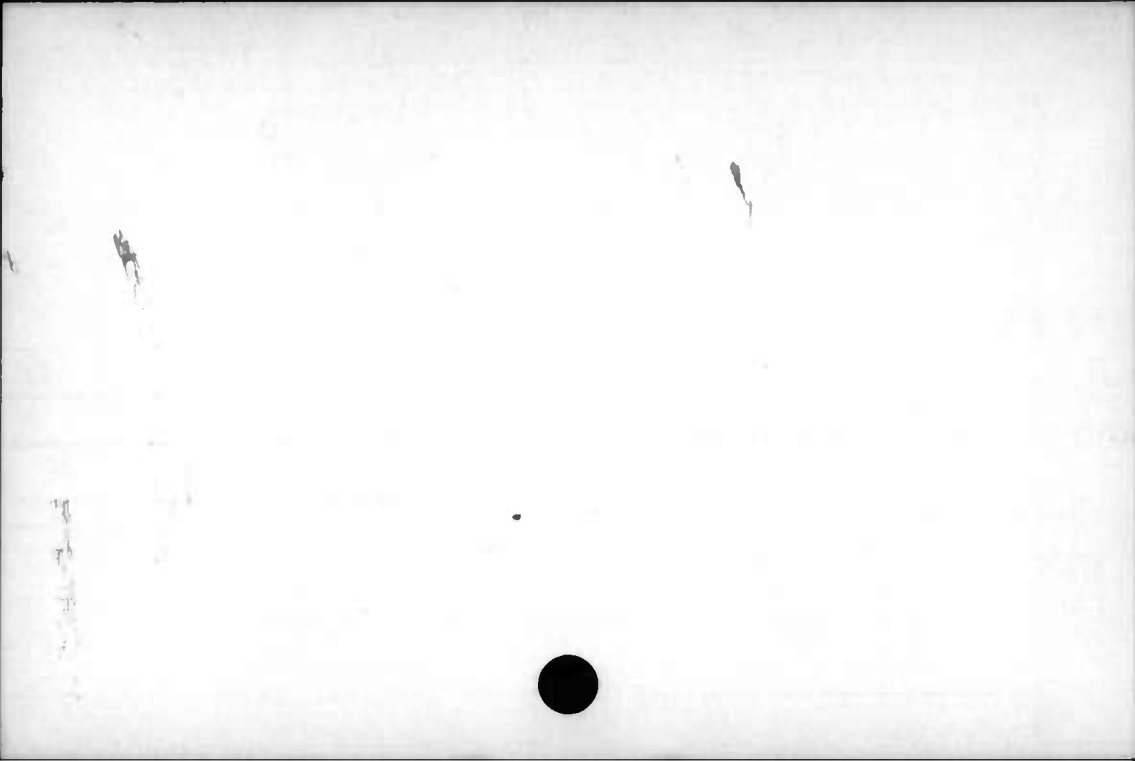
27
7 1/2 Months

H. H. Giedler

119 W. Saratoga St



Name in Full		Hawkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Catonsville</i>		<i>Baltimore</i>		MARYLAND		
	Date of death 1903	Month <i>August</i>	Day <i>30</i>	Age <i>Still-born</i>	Years <i>—</i>	Months <i>—</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Catonsville</i>		
	Married, Single or Widowed <i>Child</i>		Occupation <i>—</i>				
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>Clifton C. Hawkins</i>			Father's Birthplace <i>Anne Arundel Co.</i>			
	Mother's Maiden Name <i>Sarah S. DeFord</i>			Mother's Birthplace <i>Baltimore</i>			
Name of person giving In formation <i>Clifton C. Hawkins</i>			How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Infant</i>			How long <i>D.</i>			
	Immediate <i>Still-born</i>			How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Male</i> <i>White</i>			Signature of Physician <i>W. H. Macgill</i>			
				Address <i>Catonsville</i>			
	Accident or Suicide?						



Name
in
Full

Edna Hellwig

CERTIFICATE OF DEATH

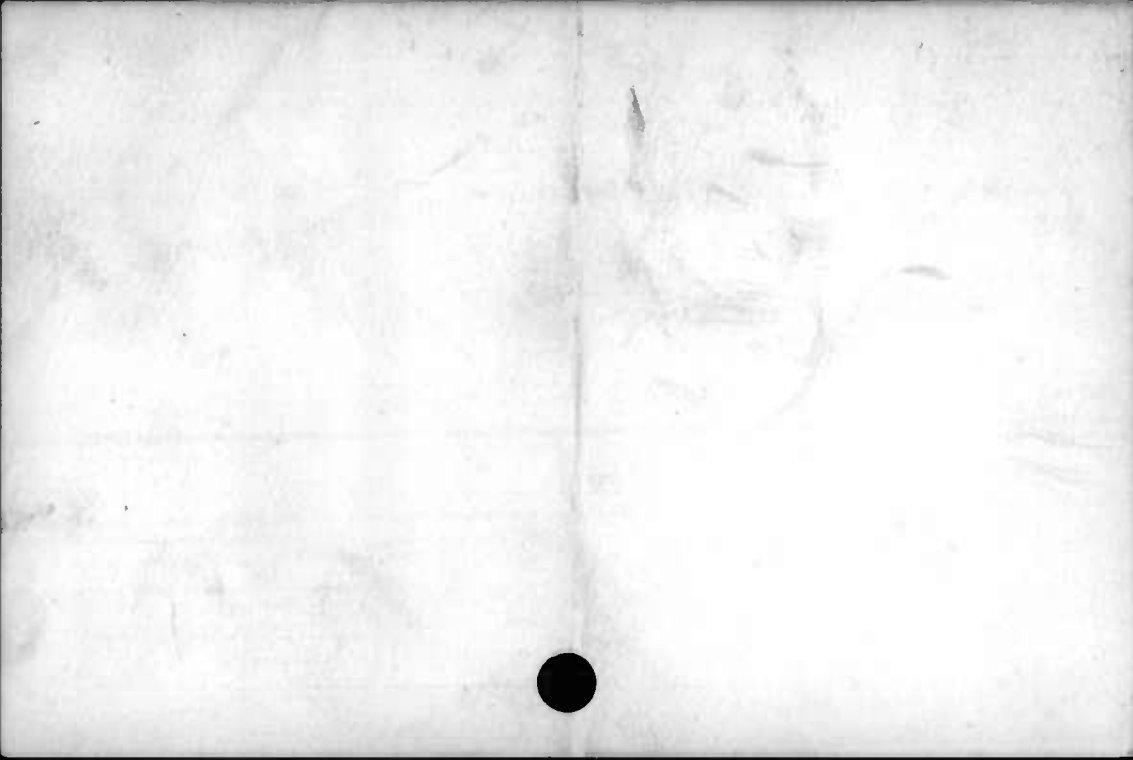
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leeds Walk</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>4</i>	Age		Years	Months <i>10</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>X</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Chas Hellwig</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Fannie Rittner</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Raymond Hellwig</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Z.B. Hall</i>
	Address <i>121 W. Main</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Ann M Hines

59

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1903

8 16

Age

95

var

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Alexandra Hines

Father's

Mother's

Name

Name

Cause of

Primary

Old age 154

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Schuyt. Upper Falls Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chittenden Avenue

Butler's

Wm. A. Baldwin
Jr. Baldwin
Baldwin & Co.

Name
in
Full

Howard Hitchcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Towm		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Aug		17		Age	
Sex		Color or Race		Birth-place		Days	
Male		White		Baltimore		7	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Whis & Hitchcock			
Father's Name				Whis & Hitchcock			
Mother's Maiden Name				Susie W. Beck			
Name of person giving information				Whis & Hitchcock			
Father's Birthplace				Baltimore, County			
Mother's Birthplace				Baltimore			
How related to deceased				Father			

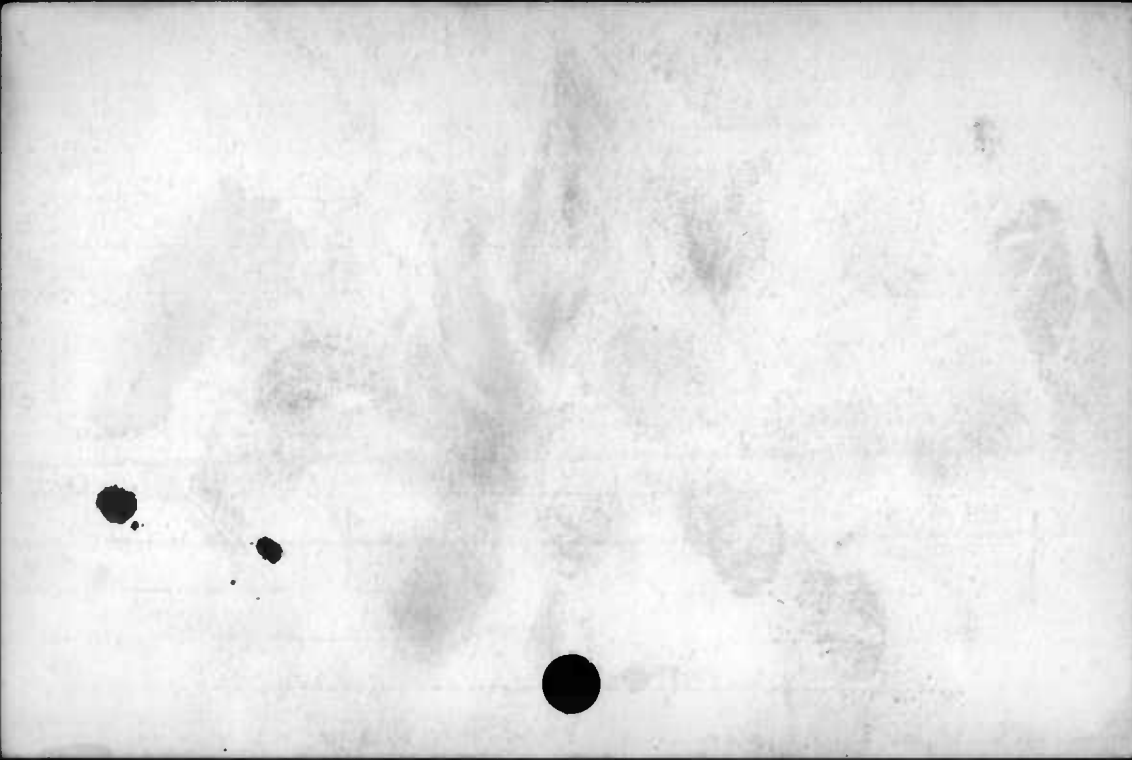
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage of	How long	(Suddenly)
Immediate	Stomach	How long	104
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		N. M. Seader	
		Address	
		Reisterstown	
Accident or Suicide?			



Name in Full George Hooper		CERTIFICATE OF DEATH	
Died at Town Nottingham		County Baltimore	
Date of death 190 3 Month Aug. Day 1st		Age Years 3 Months 3 Days	
Sex Male		Color or Race Colored	
Married, Single or Widowed —		Occupation —	
Name of Wife or Husband George Hooper		Father's Birthplace Balto. Md.	
Father's Name George Hooper		Mother's Birthplace Baltimore Md.	
Mother's Maiden Name Archie Burton		How related to deceased none	
Name of person giving information Laura Harris 105			
CAUSES OF DEATH			
Primary Cholera infantum		How long	
Immediate Cholera infantum		How long 6 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. V. Frazier	
		Address 165-5 N. Fulton ave Baltimore Md.	
Accident or Suicide?			



Name
in
Full

Norris B. Hoos

CERTIFICATE OF DEATH

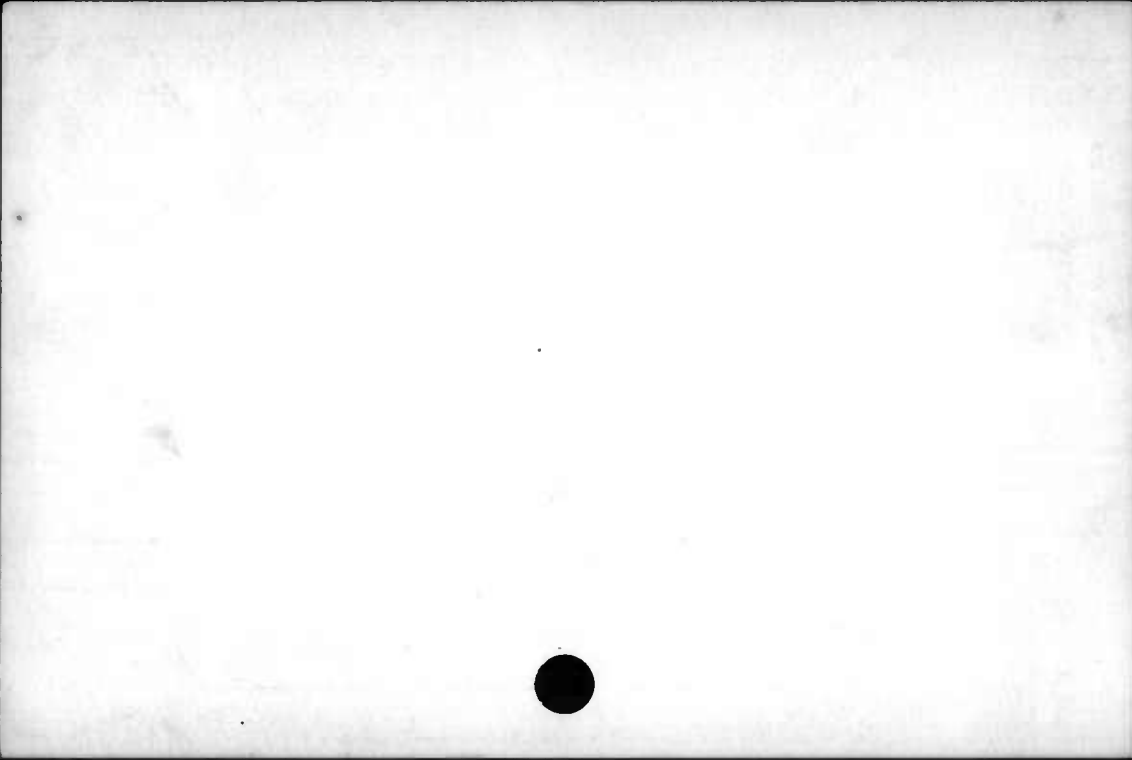
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Minors</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month 8	Day 12	Age	Months 1	Days 7
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wm Minors</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>John Hoos</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Brandau</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>5-Weeks</i>
Immediate	<i>79</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>ZB Hall</i>	
<i>Yes</i>		Address <i>Wm Minors</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

CERTIFICATE OF DEATH

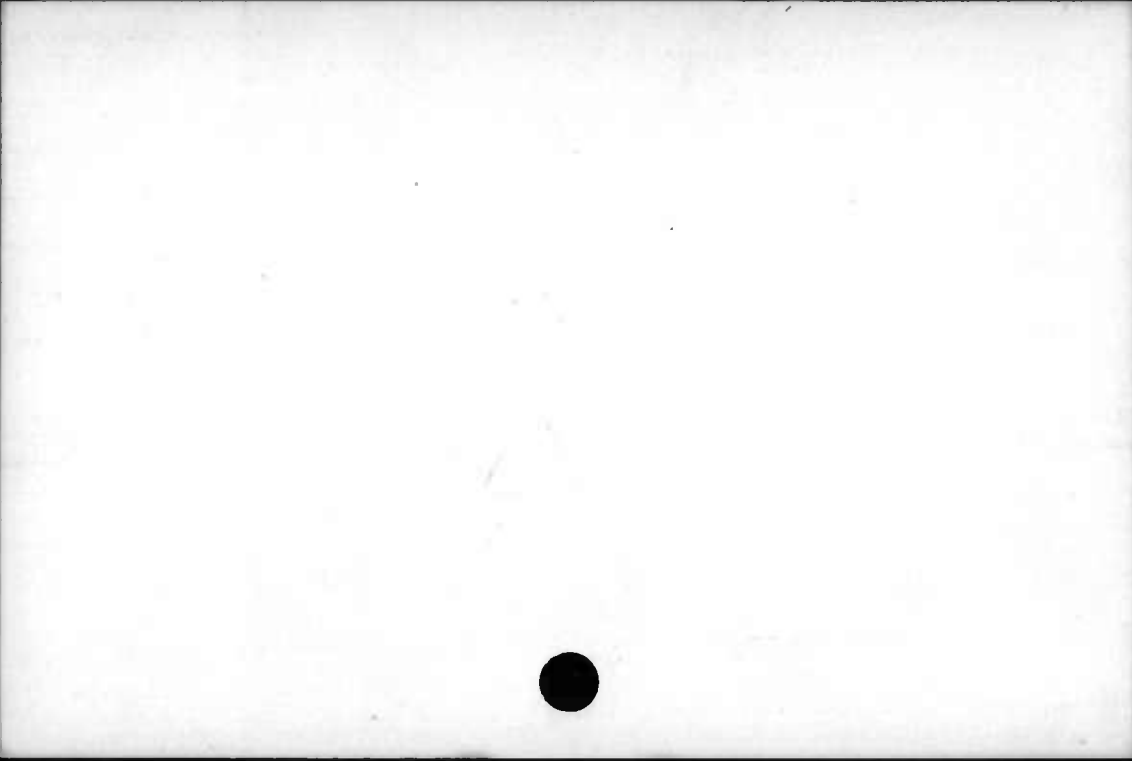
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anne M. Hopper</i>		Town <i>Shuwood</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Shuwood</i>		Date of death <i>1903</i>		Month <i>Aug.</i>		Day <i>3rd</i>	
Age <i>62</i>		Years <i>6</i>		Months <i>10</i>		Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Shuwood Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>D. W. Hopper</i>					
Father's Name <i>Augustine Wilcox</i>		Father's Birthplace <i>Penn -</i>					
Mother's Maiden Name <i>Sarah E. Marshall</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>D. W. Hopper</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic bronchitis</i>		How long <i>Many years</i>	
Immediate <i>Heart Failure</i>		How long <i>1 hour (approx.)</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Thomas</i>	
		Address <i>1228 Madison Ave Baltimore</i>	
Accident or Suicide? <i>No</i>			



Name in Full		Bennett T. Hoshace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died in ^{Town} 6 th District			County Baltimore		MARYLAND	
	Date of death 1903		Month August	Day 13	Age 68	Years 3	Days 6
	Sex Male		Color or Race White		Birth-place Maryland		
	Married, Single or Widowed Married			Occupation Farmer			
	Name of Wife or Husband Elizabeth Gore						
	Father's Name Ephraim Hoshace				Father's Birthplace Md		
	Mother's Maiden Name Catherine E. Talbot				Mother's Birthplace Md		
	Name of person giving information Elizabeth Hoshace				How related to deceased wife		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Tuberculosis of Lungs				How long 3 Months		
	Immediate Hemorrhage - Lungs				How long 2 days		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician Joseph O. Baldwin		
					Address Free land R. F. D. #1 Baltimore Co.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Monnie Jackson</i>		Town <i>Hallsville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Hallsville</i>		Month <i>8</i>		Day <i>25</i>		Age <i>78</i>	
Date of death 190 <i>3</i>		Month <i>8</i>		Day <i>25</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>			
Married, Single or Widowed		Occupation <i>X</i>					
Name of Wife or Husband <i>Alfred Jackson</i>							
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Son</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>		How long <i>154</i>	
Immediate <i>exhaustion</i>		How long <i>one year</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Hall</i>	
		Address <i>1111 Minors</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Healdensville</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>Aug</u> Day <u>31</u>	Age <u>44</u> Years	Months	Days		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband <u>✓</u>					
Father's Name <u>✓</u>			Father's Birthplace <u>✓</u>		
Mother's Maiden Name <u>✓</u>			Mother's Birthplace <u>✓</u>		
Name of person giving information <u>✓</u>			How related to deceased <u>✓</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dementia</u>	How long <u>6 years</u>
Immediate <u>Multiple Sclerosis</u>	How long <u>4 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Grey Nade</u>
<u>No.</u>	Address <u>Healdensville</u>
Accident or Suicide?	



Name
in
Full

Aunie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>31</i>	Age <i>7</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Canton</i>	
Married, Single or Widowed <i>---</i>			Occupation <i>---</i>		
Name of Wife or Husband <i>---</i>					
Father's Name <i>Richard W. Jones</i>			Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Maggie Clements</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Richard W. Jones</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truaph W.</i>
	Address <i>B and Gould Highlandtown</i>
Accident or Suicide? <i>No</i>	

Mount Carmel
H Lander & Sons

Name
in
Full

Wm R Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	Aug	26	Day	Age
		40	Years			Months	Days
Sex	Male		Color or Race	White		Birth-place	Md-
Married, Single or Widowed				Occupation			
				Store-keeper			
Name of Wife or Husband							
Father's Name							
Mother's Maiden Name							
Name of person giving information				E. V. Drush			
				How related to deceased			
				Physn.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	104	How long	12 hours -
Immediate	Cardiac Paralysis -		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			E. V. Drush	
			Address	
			Sheppard & Enoch Pratt Hosp	
Accident or Suicide?		No		

E. Madison Mitchell

Dr. Rich =

Drug Store

John Kelbaugh

Died at *Foreston* Town *Baltimore* County

MARYLAND

Date 189 *1903* Month *Aug* Day *6* Y. *—* M. *6* D. *—* Native of *Balt Co* Occupation *—*
 Male ☐ White ☐ ~~Married~~ ☐ ~~Widow~~ ☐ Divorced ☐
~~Female~~ ☐ ~~Colored~~ ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of *—*
 Wife *—*

Father's Name *Lewis Kelbaugh*

Mother's Name *Mary Stiffler*

Cause of Death { Primary *Indigestion*
 Immediate *Cholera Infantum*

How long sick

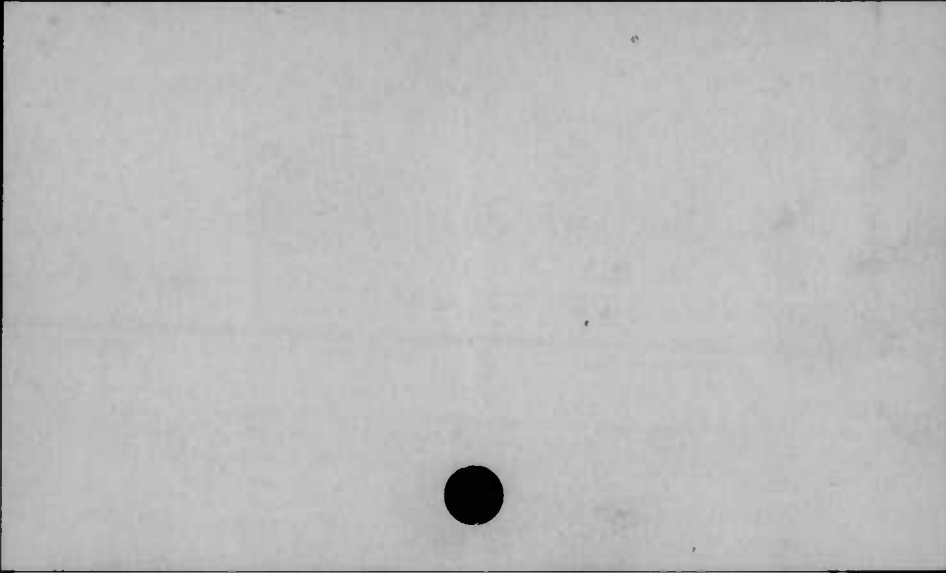
*6 mo.*Accident, Suicide, Homicide *—*

Reported by *R. F. Price*

Address *1147 Carroll*

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Catherine Kellen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Catonsville		Baltimore			
Date of death		1903	Month	Aug	Day	30	Age
						Years	36
						Months	
						Days	
Sex	Female		Color or Race	White		Birth-place	Baltimore Md
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Thomas Kellen			
Father's Name	Peter Darley					Father's Birthplace	
Mother's Maiden Name	Eley "					Mother's Birthplace	
Name of person giving Information	Eley Kellen					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Progressive Paralysis		How long	6 mos
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. C. L. Wainfield	
		Address	Catonsville Md	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

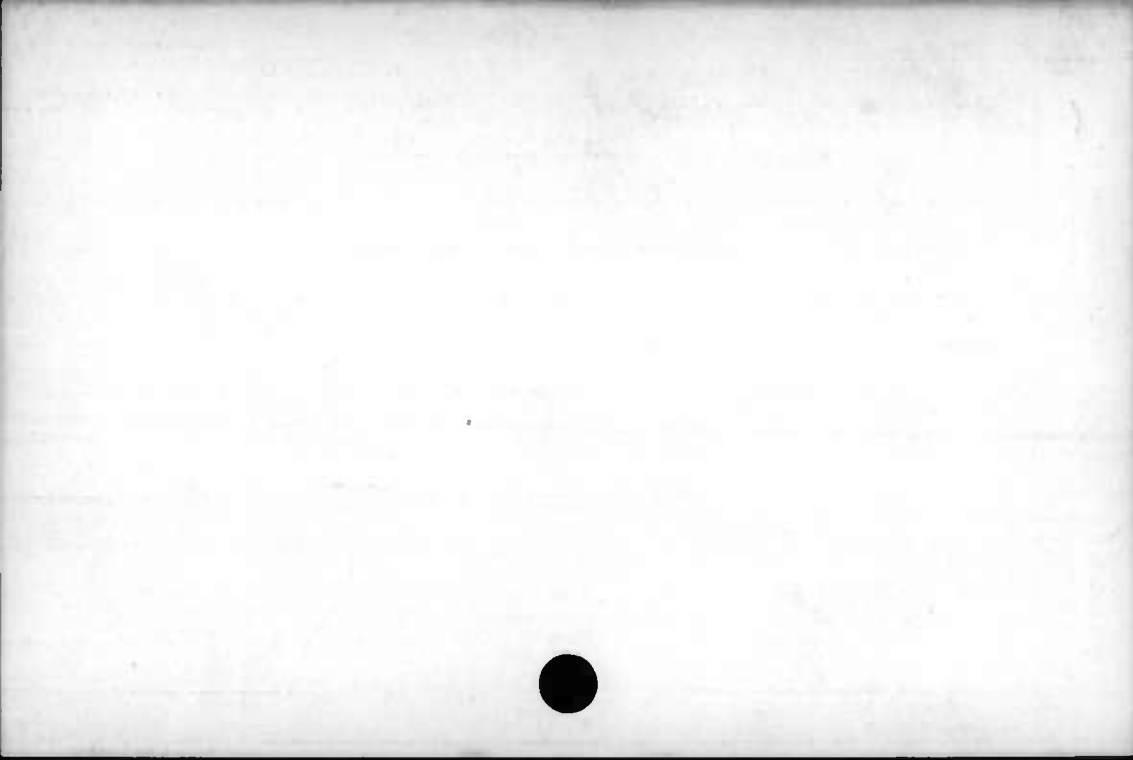
MARYLAND

Died at <u>Bowson</u> Town		<u>Baltimore</u> County			
Date of death 1903	Month <u>August</u>	Day <u>17th</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Salisbury, Md.</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Minister</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Edmund J. Kenny</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>about a week</u>
Immediate <u>Exhaustion</u>	How long <u>15</u>
Are the name, age, sex, color, date and place correctly given above? <u>So far as I know</u>	Signature of Physician <u>Wm. Reynolds M.D.</u>
	Address <u>819 E. Chas. St. Bath Md.</u>
Accident or Suicide? <u>Neither</u>	



Peter Klingelhofer

Town

County

Died at N.E. Creek, Schuler, Howard Baltimore MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 Aug 7 1903 Age 44 years Germany Shoemaker

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Amelia Klingelhofer

Father's

Name

Mother's

Name

Cause of

Primary

Suicide by Drowning

How long sick

Death

Immediate

~~After death, Suicide, 11 months~~

Reported by

John W. Evering J. P.

Address

Roseville Alb. Ct.

Christian Miller
2334 Jefferson St

Immanuel Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Kocyan		Town		County		MARYLAND	
Died at		Thornburgville		Baltimore			
Date		Month	Day	Age	Years	Months	Days
of death 1903		August	4	5	5	7	12
Sex		Male		Color or Race		White	
				Birth-place		Baltimore Co.	
Married, Single or Widowed				Occupation			
—				—			
Name of Wife or Husband							
—							
Father's Name				Father's Birthplace			
John Kocyan				Austria			
Mother's Maiden Name				Mother's Birthplace			
Mary Kot.				Austria			
Name of person giving information				How related to deceased			
John Kocyan				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture of the Skull	How long	1 day
Immediate	Inflammation	How long	6 hours
Are the name, age, sex, color, date and place correctly given above		Signature of Physician	
yes		J. L. Schofield	
		Address	
		1400 First St Highlandtown	
Accident or Suicide?			
Accident			

Secretary

W. H. Woodhouse

Office of Records

AUG 5 - 1903



Name
in
Full

Annice Krulwich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt Hope Retreat ^{County} Balto - Co

MARYLAND

Date of death 1903 ^{Month} Aug ^{Day} 16th ^{Years} Age 32

Months

Days

Sex Female ^{Color or Race} White

Birth-place

New York City

Occupation none

Where Residing if not at place of death

68 Market Space N. W. D. Md.

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information Reids Mt Hope Retreat

How related to deceased

CAUSES OF DEATH

Primary Chronic 64

How long

Immediate Ex Gen Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

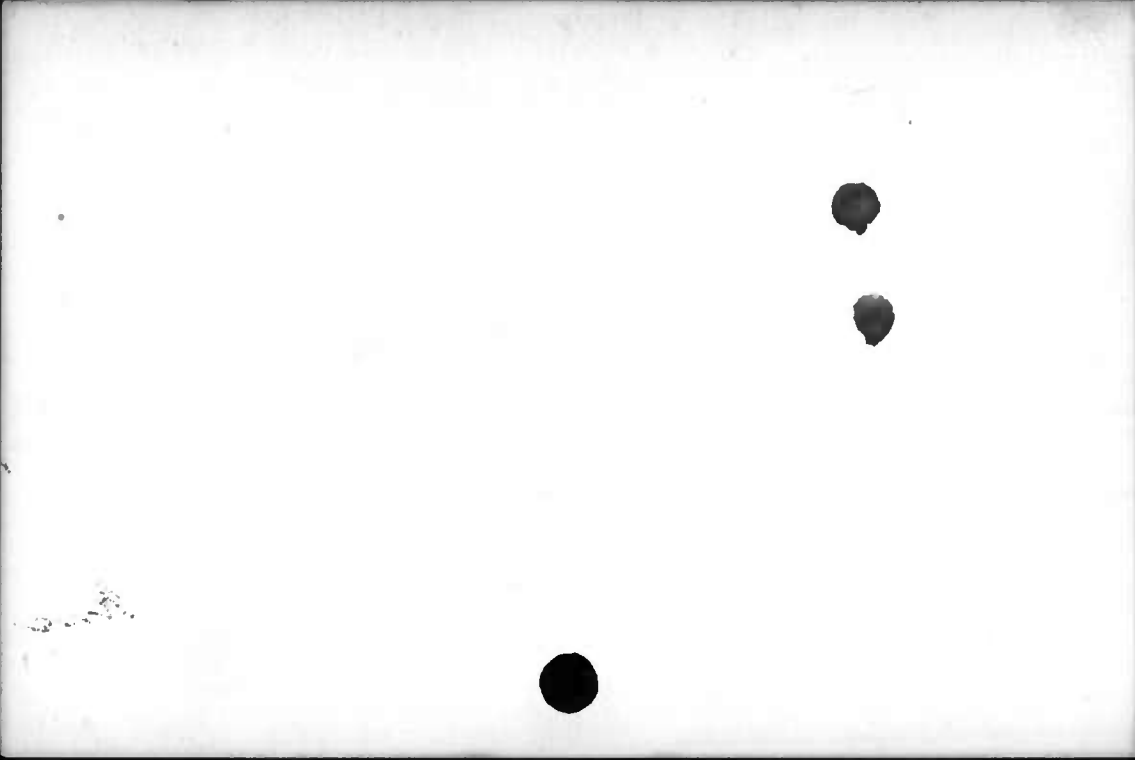
Frank J. Flannery

Address

Mt Hope Retreat - Baltimore Md.

Accident or Suicide?

PHYSICIAN
OR CORONER -



Name
in
Full

William James Lambdin

CERTIFICATE OF DEATH

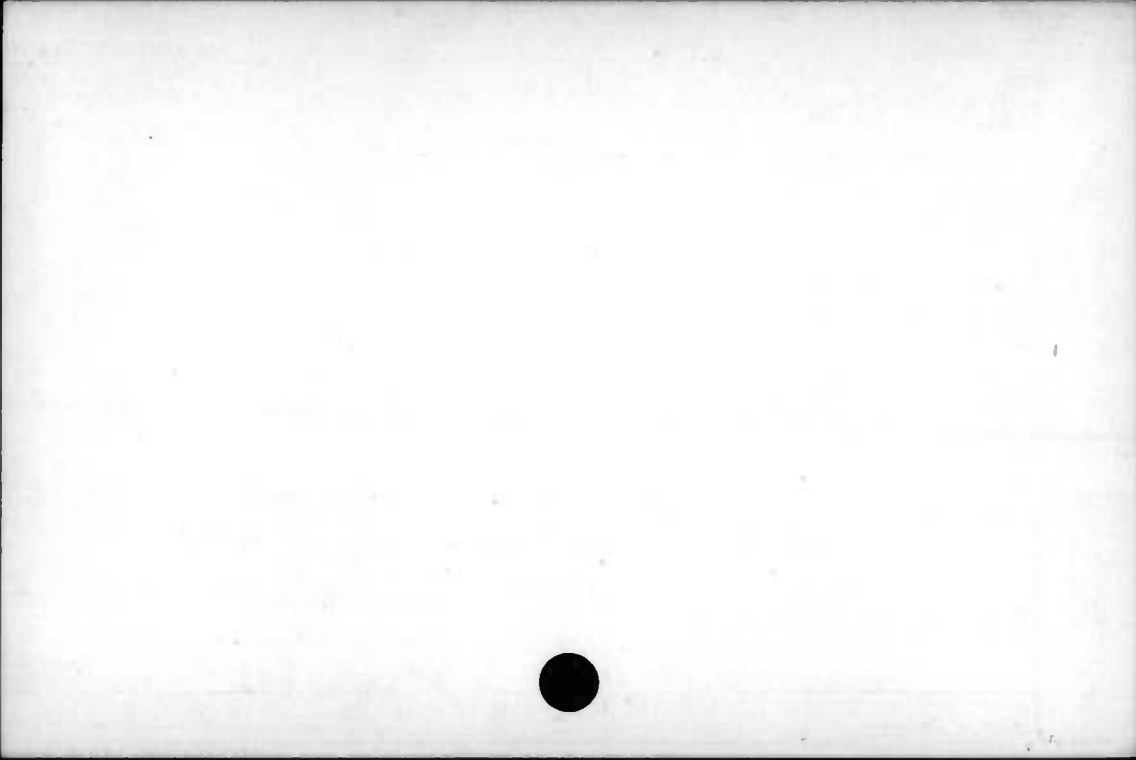
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month}	<i>Aug</i> ^{Day}	<i>18</i> ^{Years}	<i>7</i> ^{Months}	<i>18</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Highlandtown Md</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Henry Francis Lambdin</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Barbra Frohn</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Francis Lambdin</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Three days</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Roth MD</i>
	Address <i>2005 Eastern ave</i>
Accident or Suicide? <i>—</i>	<i>Balto. Md</i>



Name
in
Full

William Langdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto		MARYLAND	
Date of death 1903		Month Aug	Day 6	Age 52	Years	Months 9	Days 3
Sex Male		Color or Race White		Birth- place England			
Married, Single or Widowed Married				Occupation Labour			
Name of Wife & Husband Ida Langdon							
Father's Name				Father's Birthplace England			
Mother's Maiden Name				Mother's Birthplace " "			
Name of person giving information Ida Langdon				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia		How long 3 weeks
Immediate Acute Typhritis		How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician David W. Jones
		Address 3118 Oldsmulld St.
Accident or Suicide?		

Mr. Carme Lee

Aug 9. 1903

London Long.

one of 180

Name In Full

Certificate of Death

Mary Lilly Lenty

Town

County

Died at

Lockesville Pulte

MARYLAND

Date 19

03

Month

Day

Aug 6

Y.

M.

D.

Age

42

Native of

Maryland

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Borden Jackson Lenty

Father's

Mother's

Name

Francis B Hood

Maiden Name

Josephine Lillard

Cause of

Primary

Carcinoma Liver

How long sick

3 months

Death

Immediate

Carcinoma of Liver

Accident, Suicide, Homicide

Reported by

Dr B R. Benton

Address

Lockesville Pulte Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

True Copy

M. E. Brewster

Name

in
Full

CERTIFICATE OF DEATH

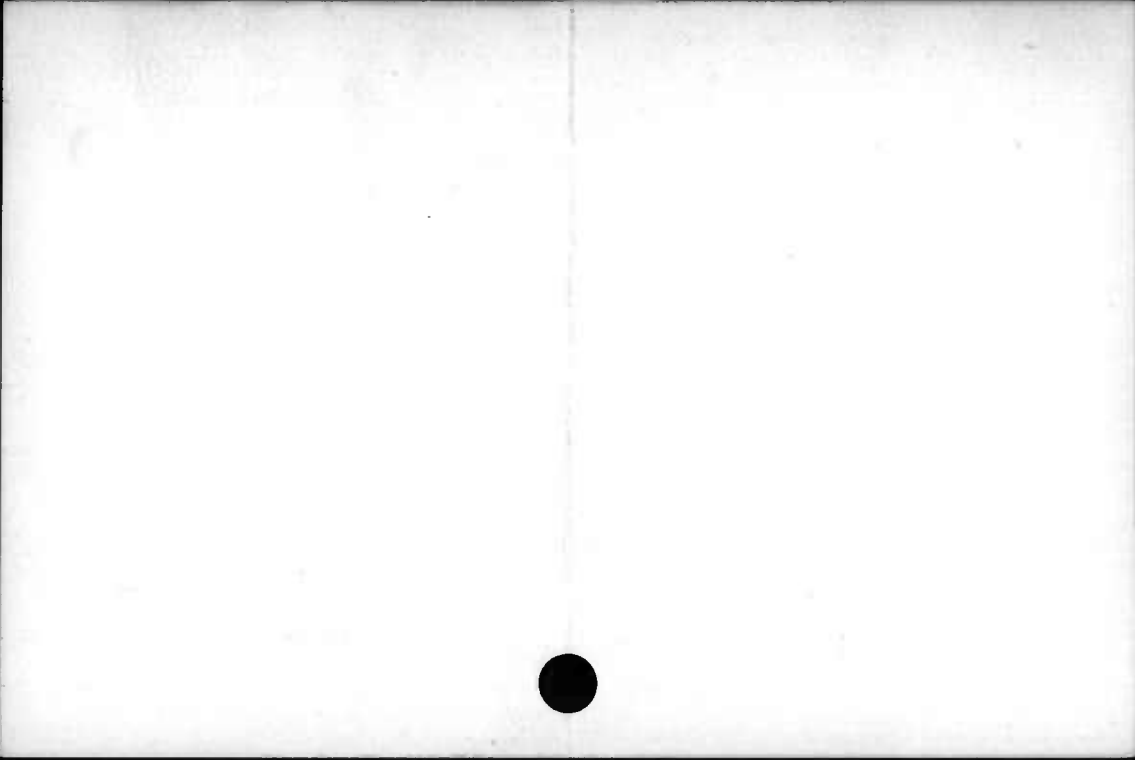
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month 8	Day 14	Age	Years 55	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Bald Co.</i>
Married, Single or Widowed	<i>Single</i>			Occupation			
Name of Wife or Husband							
Father's Name				<i>John Litzinger</i>			
Mother's Maiden Name				<i>Elizabeth</i>			
Name of person giving in formation				<i>Elizabeth</i>			
Father's Birthplace				<i>Bald Co. Ind.</i>			
Mother's Birthplace				<i>Ind.</i>			
How related to deceased				<i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>8 or 10 Years</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>Three or Four days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>W. R. Mitchell</i>	
Address		<i>Berford, Md.</i>	
Accident or Suicide?			



Name
in
Full

Edward Floyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Md. Hospital for Deaf. Catonsville Balt. Co.</i>		Town <i>Catonsville</i>		County <i>Balt. Co.</i>		STATE <i>MARYLAND</i>	
Date of death 190	<i>3</i>	Month	<i>8</i>	Day	<i>20</i>	Age	<i>69</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Carpenter</i>		
Name of Wife or Husband							
Father's Name							Father's Birthplace
Mother's Maiden Name							Mother's Birthplace
Name of person giving information							How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>38 yrs-</i>
Immediate	<i>Calculus disease of heart</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. P. Cytrader</i>	
Address		<i>Catonsville Md.</i>	
Accident or Suicide?			



Name
in
Full

Frederick Rose Markel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

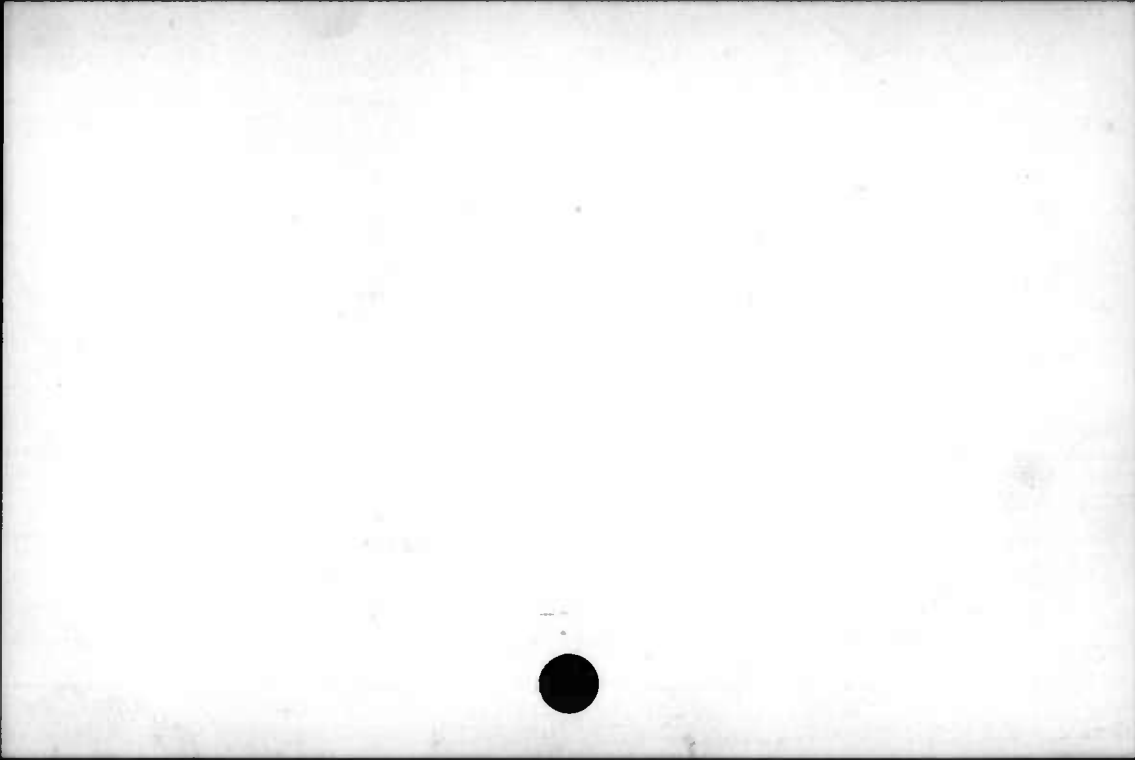
MARYLAND

Died at		Town Highland		County Balt	
Date	Month	Day	Age	Years	Months
of death 190	2	21	5		3
Sex	Male		Color or Race	White	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			John Markel Jr.		
Mother's Maiden Name			Clara C. Homer		
Name of person giving information			John Markel Jr.		
Father's Birthplace			Md		
Mother's Birthplace			Md		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chol Infantum	How long	2 weeks
Immediate	Exhaustion	How long	105
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. C. Schifield	
Address			
Accident or Suicide?			



Name
in
Full

August Leonard Meyers

CERTIFICATE OF DEATH

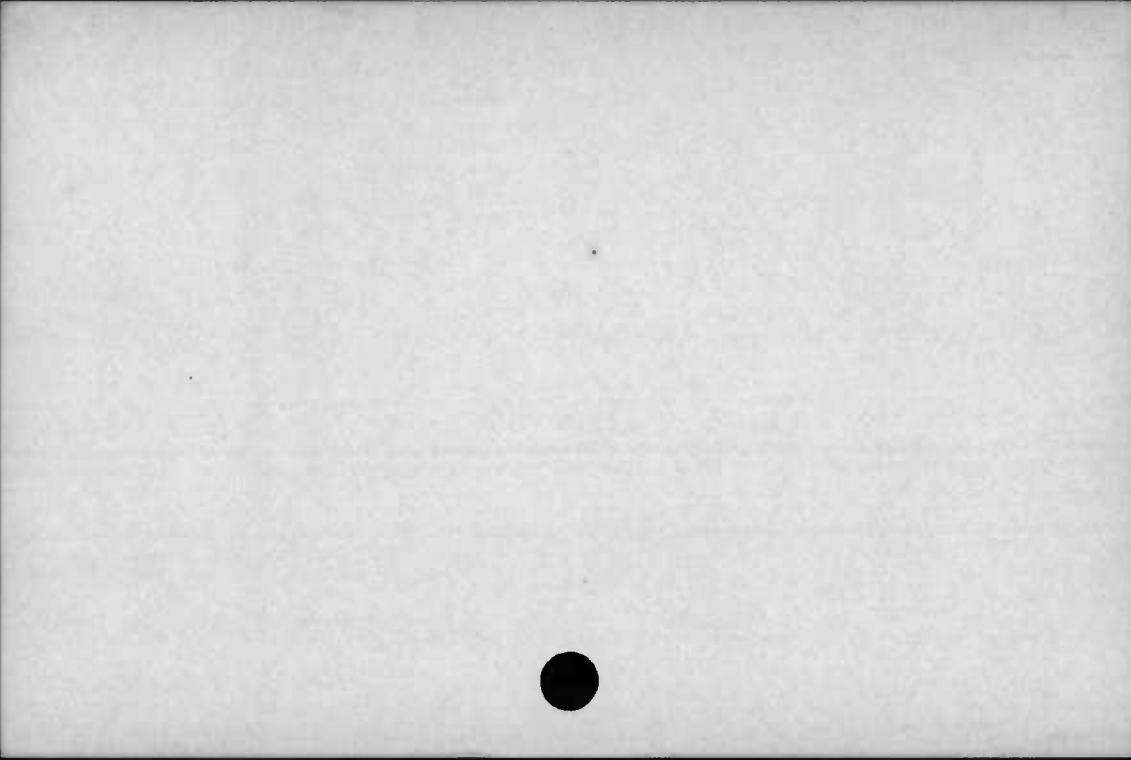
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gardenville		County Baltimore		MARYLAND	
Date of death	1903	Month Aug.	Day 20	Age	—	Years	Months 10
Sex	Male		Color or Race	White		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				August Meyers		Father's Birthplace	
Mother's Maiden Name				P. Lee McCauley		Mother's Birthplace	
Name of person giving In formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis		How long	41 days.
Immediate	Meningitis		How long	7 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Q. Edward Ramsey		
		837 N. Canton St.		
Accident or Suicide?				



Name
in
Full

Mary Ellen Meyers

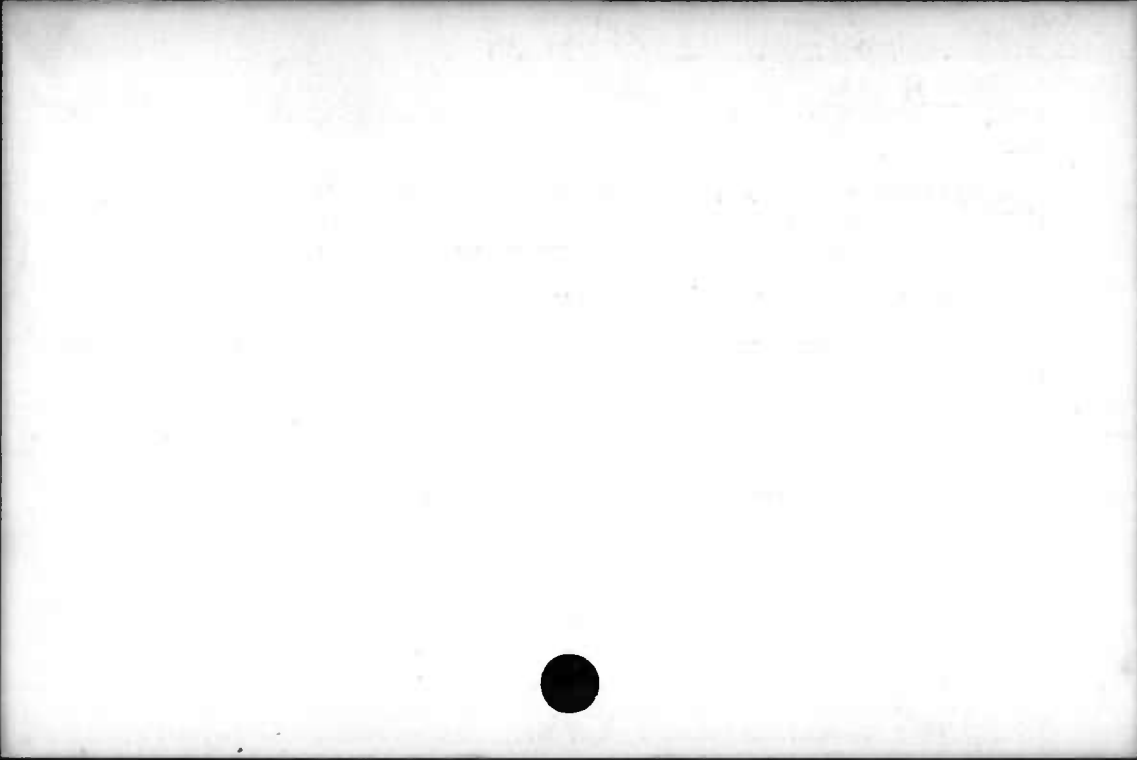
No 5-8
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lorley</u> Town		<u>Balto</u> County		MARYLAND	
Date of death	<u>1903</u>	Month <u>Aug</u>	Day <u>15</u>	Years <u>35</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>House wife</u>			Where Residing if not at place of death <u>Lorley</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife Husband <u>John Meyers</u>				
Father's Name <u>Thos Williams</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Williams</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Inv. Meyers</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	<u>93</u>	How long <u>18 mos</u>
Immediate <u>Tubercular Consumption</u>		How long <u>12 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. H. Gorsuch</u>	
	Address <u>Fork, Ind.</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Elisabeth Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died in <i>Godones Township</i>		Town <i>York</i>		County <i>Perman</i>		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>10</i>	Age <i>79</i>	Years	Months <i>8</i>	Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>York Co., Pa.</i>			
Married, Yes Widowed		Occupation <i>Housework</i>					
Name of Wife's Husband		<i>Noah H. Miller</i>					
Father's Name <i>John Gant</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Barbara</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Lavinia Almon</i> <i>Barbara Ellen Robertson</i>		How related to deceased <i>children</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation, Chronic nephritis</i>	How long	<i>Several years</i>
Immediate	<i>Reveries, & Syncope</i>	How long	<i>6 days, death sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. C. Stick</i>	
		Address <i>Elmville</i> <i>York Co., Pa.</i>	
Accident or Suicide? <i>No</i>			

Buried in Lth Dist.

Baltimore Co.

Elizabeth A. Miller

60

Died at ^{Town} Upper Falls ^{County} Baltimore MARYLAND

Date 1903 August 18 Age 78 - - - Native of Germany Occupation Housewife
 Male White Married Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 10

Husband of Albert A. Miller

Father's Name Mother's Name

Cause of Death { Primary Bronchitis 91 How long sick 2 weeks
 Immediate Weakness in old age Accident, Suicide, Homicide

Reported by C. S. Kinner MD

Address Franklinville

Interment
St Stephens
Church

Upper Falls
Belle
co

Name
in
Full

CERTIFICATE OF DEATH

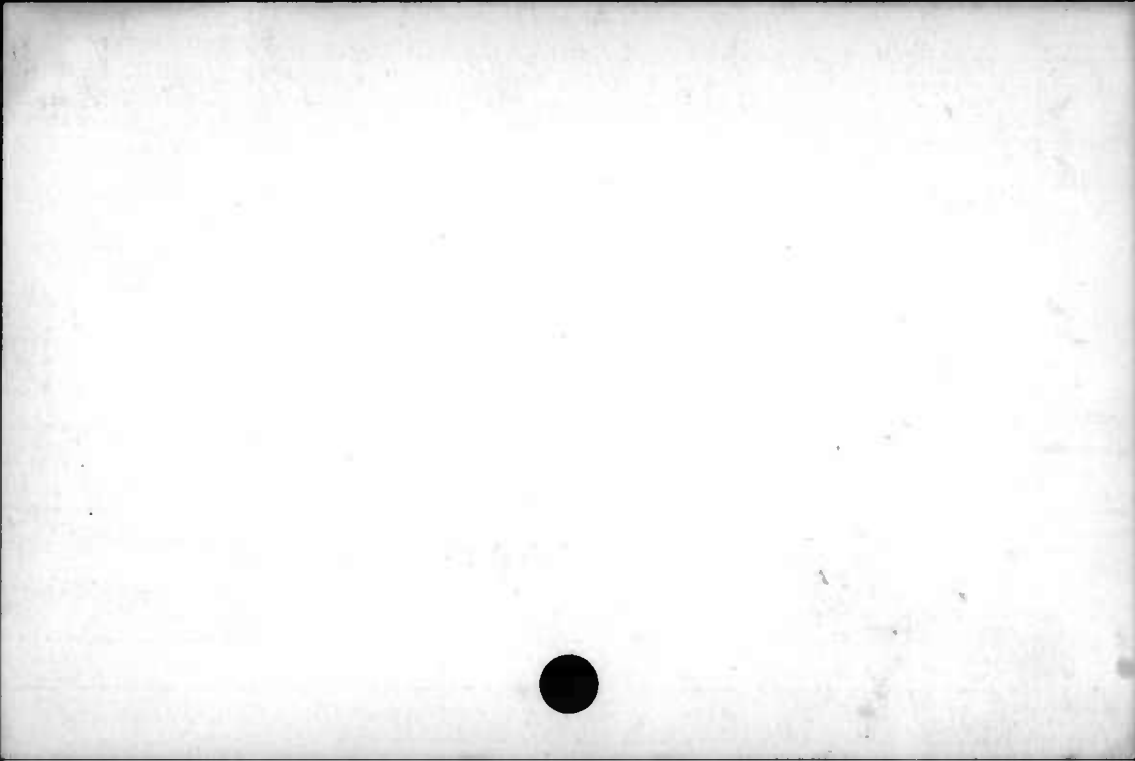
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Granville</u> Town <u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u> <u>Aug</u> Month <u>2</u> Day	Age <u>—</u> Years	Months <u>—</u>	Days <u>23</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Granville Ind</u>	
Married, Single or Widowed <u>—</u>		Occupation <u>(Infant)</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>Julius G Munkly</u>		Father's Birthplace <u>Bald C Ind</u>	
Mother's Maiden Name <u>Mary E Wyson</u>		Mother's Birthplace <u>Howard C Ind</u>	
Name of person giving information <u>Julius G Munkly</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>105</u>	How long <u>23 days</u>
Immediate <u>Exhaustion and Coma</u>	How long <u>few hours</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. J. Staphy M.D.</u>	
	Address <u>Granville Ind</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Infant of William and Mettie Mooney

CERTIFICATE OF DEATH

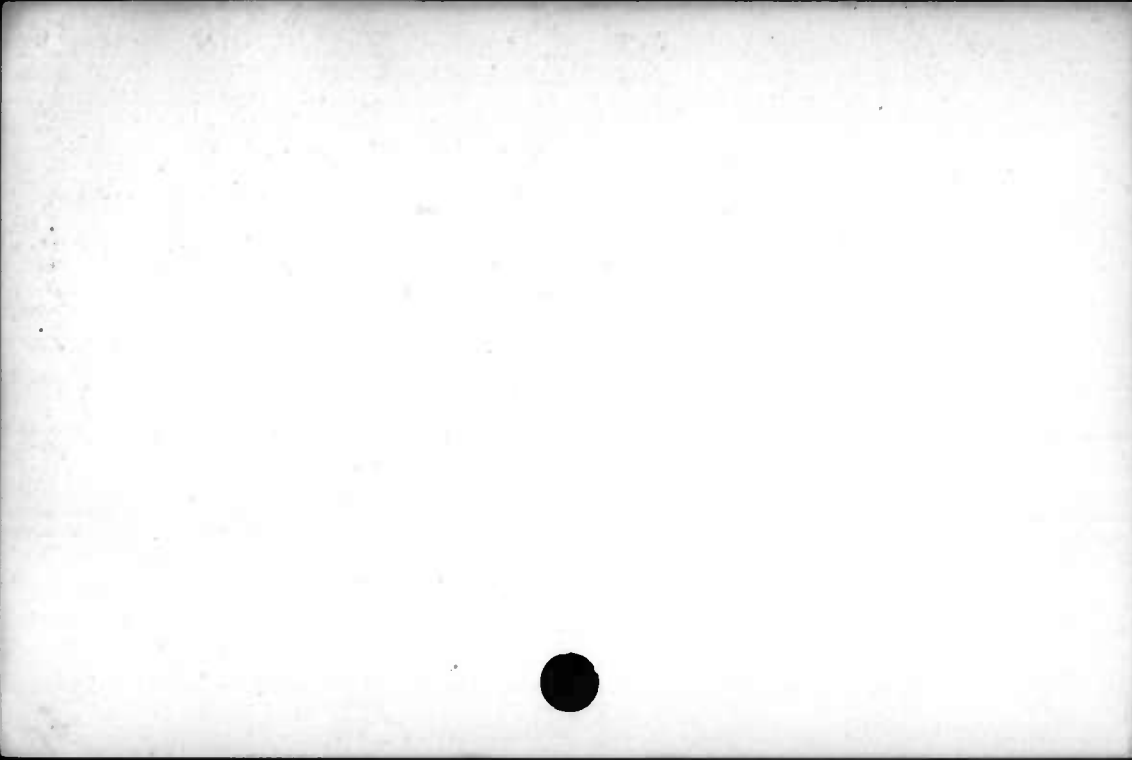
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>13</i>	Age <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Lansdowne, Md.</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William T. Mooney</i>			Father's Birthplace <i>Anne Arundel Co.</i>		
Mother's Maiden Name <i>A. Mettie Owens</i>			Mother's Birthplace <i>Anne Arundel Co.</i>		
Name of person giving information <i>William T. Mooney</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Failure to close of Foramenis Ovalis</i>	How long <i>4 days</i>
Immediate <i>Cyanosis</i>	How long <i>150</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Rube</i>
	Address <i>Lansdowne Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Andrew Muise

CERTIFICATE OF DEATH

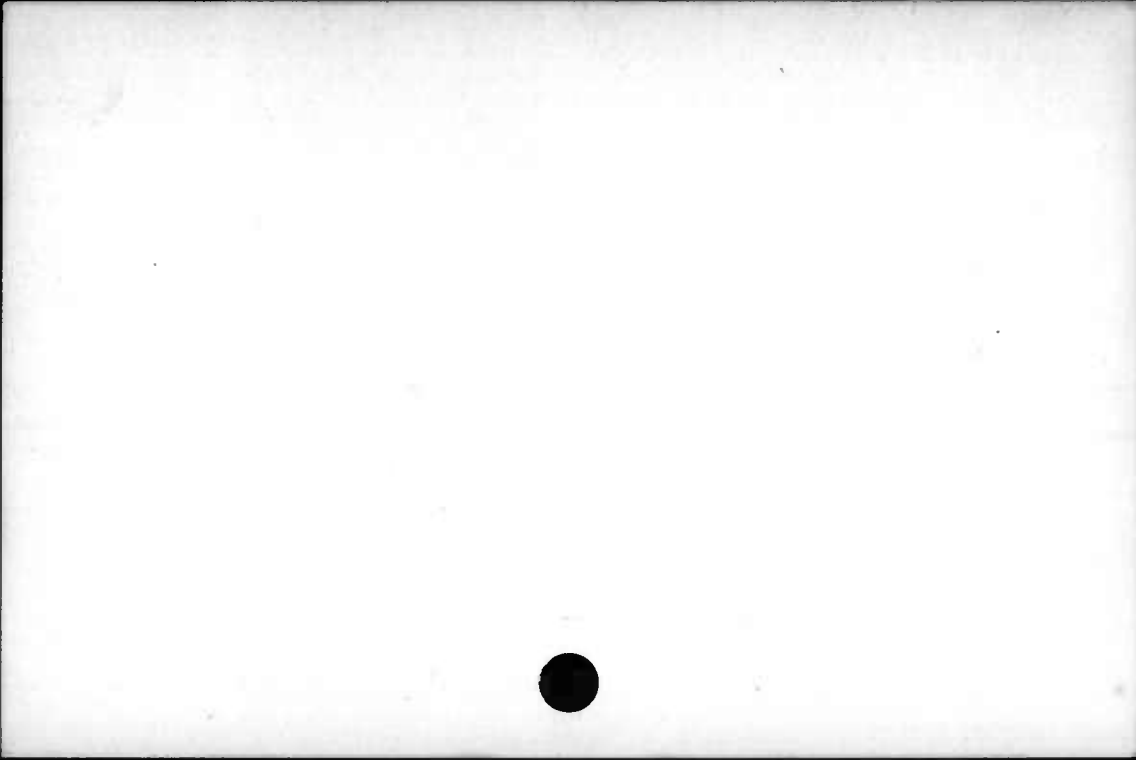
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fullerton		County Baldwin		MARYLAND	
Date of death 190		3	Month Aug	26	Day	66	Age
Sex		male		Color or Race		white	
Married, Single or Widowed		Married		Occupation		Gardener	
Name of Wife or Husband		Bosborn Muise					
Father's Name		—				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		Lawrence Muise				How related to deceased	
						son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	How long	3 months
Immediate	Heart stroke	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ward Case	
Address		Gardenville	
Accident or Suicide?		no	



Name
in
Full

Mary Elizabeth Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerfield</i>		<i>Baltimore</i>		TOWN		COUNTY		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>5th</i>	Age <i>42</i>	Years		Months		Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>						
Married, Single or Widowed <i>Single</i>			Occupation <i>Housemaid</i>						
Name of Wife or Husband _____									
Father's Name <i>Michael Muller</i>					Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Jane Francis</i>					Mother's Birthplace <i>Balto. Co. Md.</i>				
Name of person giving information <i>Anna Muller</i>					How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>18 months</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jno. Scheen, M.D.</i>
	Address <i>Gettysburg, Md.</i>
Accident <i>no</i>	



Name
in
Full

Peter Neal.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Back River		Baltimore		County		0		MARYLAND	
Date of death 190		3		Month		Aug		Day		16	
Age		18		Years		18		Months		Days	
Sex		male		Color or Race		white		Birth-place		md	
Married, Single or Widowed		Single		Occupation		Painter					
Name of Wife or Husband											
Father's Name				Father's Birthplace							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving information				How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Accidental drowning 172		How long			
Immediate		4		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John G. Muelly Coroner	
				Address		216 O'Donnell St	
Accident or Suicide?							

Rabb. Brookston
Mt Carmel Clinic

Louisa B. Nielson

Town

County

Died at

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

*8**4*

Age

*36**md**Housewife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

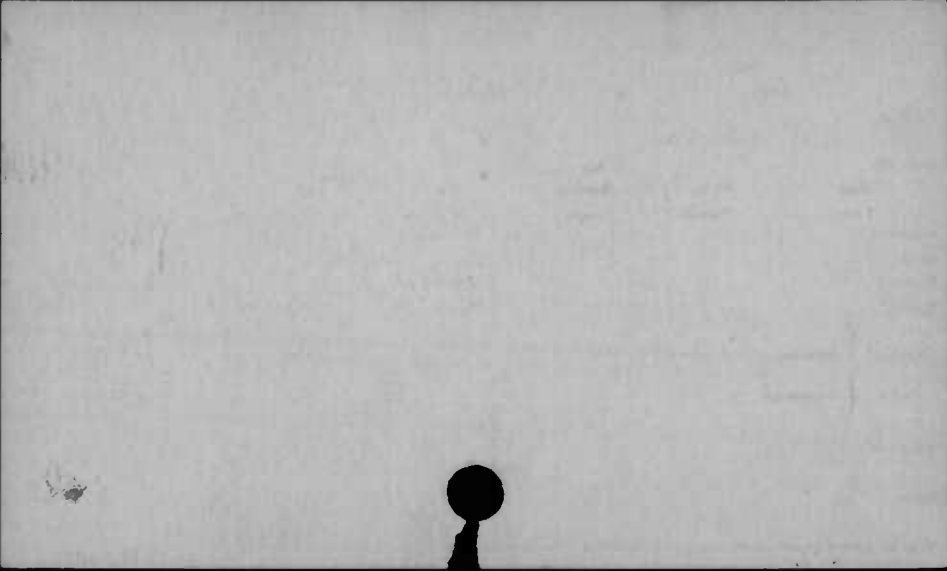
How long sick

About 3 yrs~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.



Name
in
Full

Melbourn Walters Offutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Towson Maryland</i>		County <i>Balti.</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>August</i>	Day <i>10</i>	Years <i>46</i>	Months <i>3</i>	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Virginia</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Lawyer</i>			
Name of Wife or Husband <i>Emily J. Offutt</i>					
Father's Name <i>W. T. F. Offutt</i>				Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Elizabeth Offutt</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>T. Swift Offutt</i>				How related to deceased <i>Cousin</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>At intervals for 18 months</i>
Immediate <i>Heart failure (Angina)</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Jarrett</i>
	Address <i>Towson</i>
Accident or Suicide?	

Henry W. Jenkins Son
Undertakers

Name in Full

Certificate of Death

Josephine Otto

Town

County

Died at

P. Newell

Chattahoochee

MARYLAND

Date 1903

Month

Day

Y.

M.

B.

Native of

Occupation

8 - 25

Age

62

ms.

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Heart Failure

How long sick

Death

Immediate

Cardiac Paralysis

Accident, Suicide, Homicide

Reported by

H. L. May

Address

P. Newell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Ovelgone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Choston</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>9th</i>	Age <i>—</i> Years	Months <i>3</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Ovelgone</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Suifert</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Henry Ovelgone</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>7 days</i>
Immediate <i>Erburestion</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Hickey</i>
	Address <i>21 Windsor St. Bk</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Richard W. Packham

Town

County

Died at

1903

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Canton Baltimore

MARYLAND

Age

- 7 -

Md

None

Male

White

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

Wife of

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

17 days

~~Accident, Suicide, Homicide~~

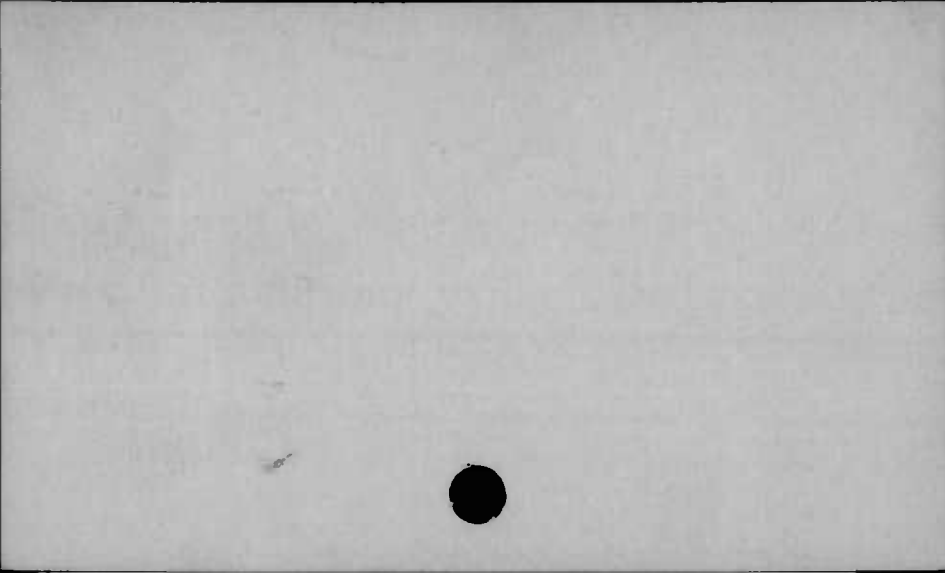
Reported by

Address

H. L. Reckard M. D.
910 Canton St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George H. Palmer*

Died at *Wt Washington* Town *Baltimore* County

MARYLAND

Date of death 1903 *8* Month *22* Day Age *61* Years Months *3* Days *28*

Sex *male* Color or Race *White* Birth-place *md.*

Married, Single or Widowed *married* Occupation *Laborer*

Name of Wife or Husband *Sarah E. Palmer*

Father's Name *Joseph Palmer* Father's Birthplace *md.*

Mother's Maiden Name *Casander Glasmore* Mother's Birthplace *md.*

Name of person giving information *Sarah E. Palmer* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease Chronic* How long *one year*

Immediate *Apoplexy* How long *24 hrs.*

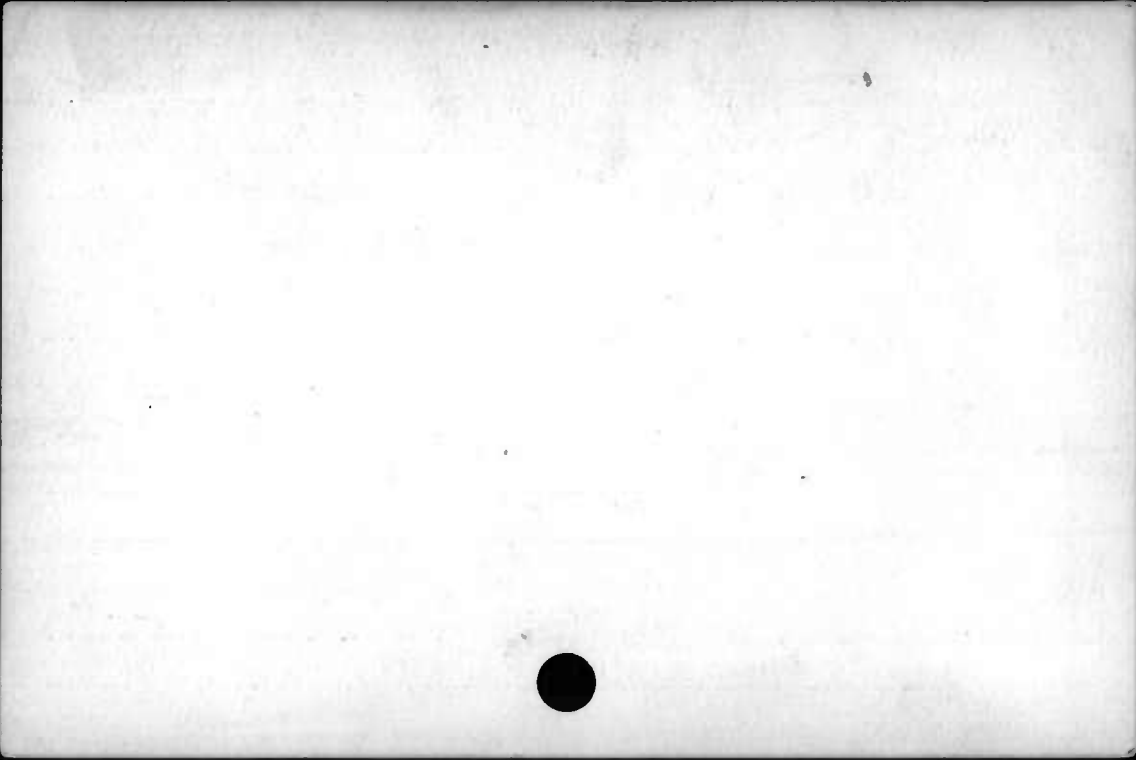
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. H. Beeton*

Address *Wt Washington*

md.

Accident or Suicide?



Name
in
Full

Geo. Parosh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Spencer Point*

Town

Balto.

County

Date

of death 190

3

Month

August

Day

21

Age

Years

18

Months

—

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Austria*Married, Single
or ~~Widowed~~

Occupation

*Iron worker*Name of Wife or
Husband*Andrew Parosh*Father's
Name*Andrew Parosh*Father's
Birthplace*Austria*Mother's
Maiden Name*Mary Shae*Mother's
Birthplace*Austria*Name of person giving
information*Joseph Parosh*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Pneumonia

How long

3 months

Immediate

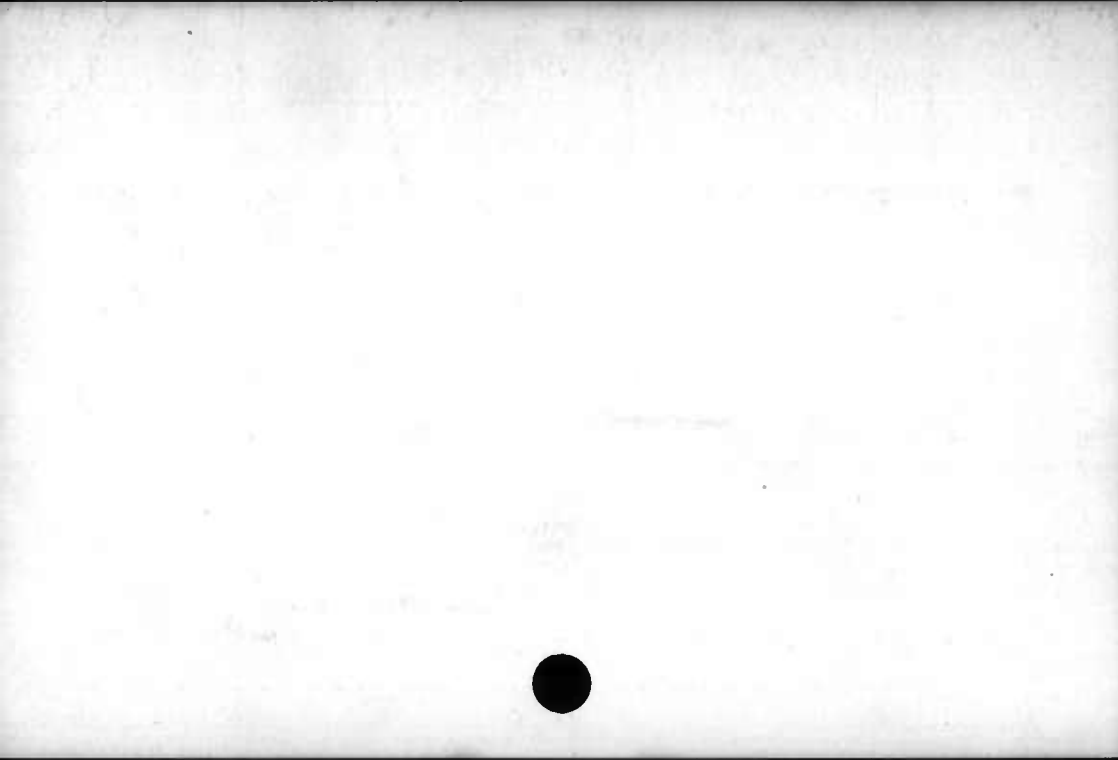
Mental Decomposition

How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank to Second
Spencer Point*~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Douglas Myrus Pearce

Town

County

Died at

manor

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 12

Age

9

48

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Myrus Pearce

Maud Hutchins

Cholera Infantum

How long sick

12 hours

Accident, Suicide, Homicide

Reported by

T. Ross Payne

Address

Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79892



Name
in
Full

Henry Hilbur Reddicord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dick Keyville</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>30</i>	Age <i>42</i>	Years <i>11</i>	Months <i>24</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>Heaver</i>			Where Residing if not at place of death <i>2656 Young St Balto Md</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Laura I Reddicord</i>					
Father's Name <i>George Reddicord</i>				Father's Birthplace <i>Balto Co Md</i>			
Mother's Maiden Name <i>Jane Reddicord</i>				Mother's Birthplace <i>Balto Co Md</i>			
Name of person giving Information <i>Laura I Reddicord</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Intestinal Tuberculosis</i>	How long	<i>9 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>G. C. Smith</i>	
Address		<i>Manhattan N.Y.</i>	
Accident or Suicide? <i>No</i>			

Laramie Cemetery

Name
in
Full

William L. Pepples

CERTIFICATE OF DEATH

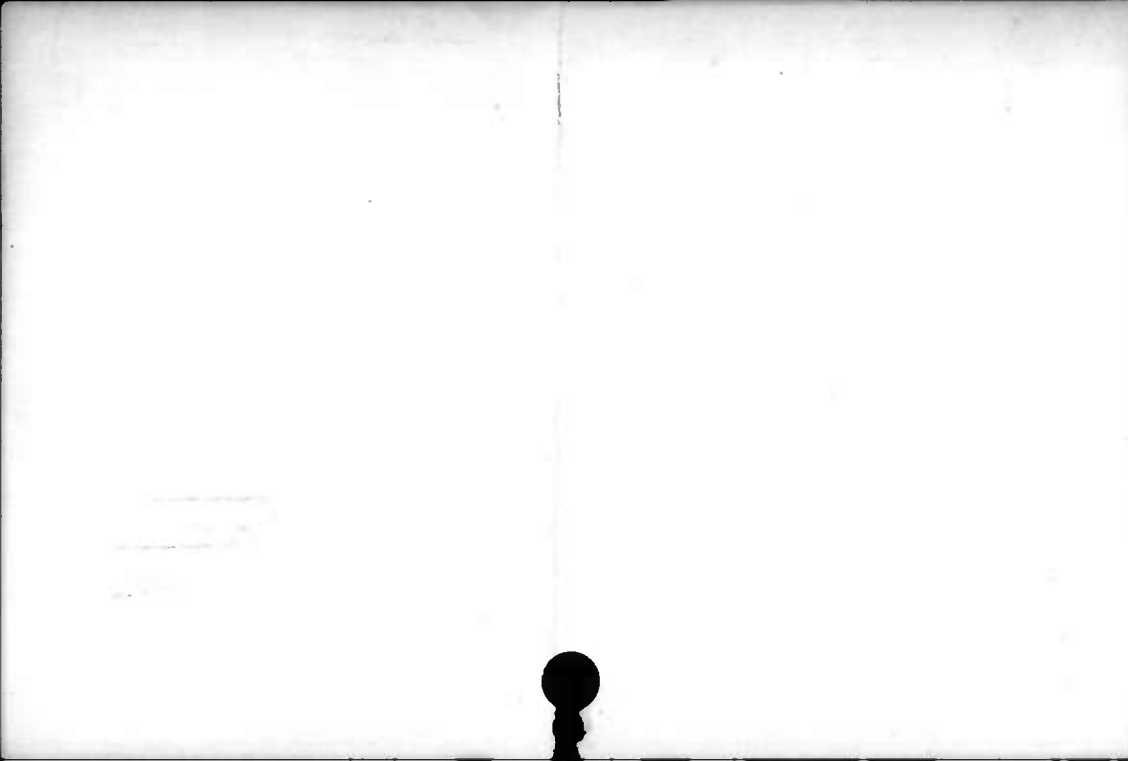
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Walters P.O.		County Baltimore		MARYLAND	
Date of death 1908	Month Aug	Day 9	Age 34	Years	Months	Days	
Sex Male	Color or Race White		Birth- place Md				
Married, Single or Widowed		Married		Occupation Clerk			
Name of Wife Husband		Auntie M Pepples					
Father's Name		J Henry Pepples				Father's Birthplace	
Mother's Maiden Name		Barkasa				Mother's Birthplace	
Name of person giving information		Auntie M Pepples				How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 Months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. H. A. Mayer	
Address		1618 Madison Ave	
Accident or Suicide?			



Name
in
Full

Robert Leon Perry -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pleasant Hill

County

Baltimore

Date

of death 1903

Month

8

Day

28

Age

Years

5

Months

9

Days

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore Md.

Married, Single
or Widowed

Single

Occupation

Student

Name of Wife or
HusbandFather's
Name

Joseph Lee Perry

Father's
Birthplace

Virginia

Mother's
Maiden Name

Lavinia R. Perry

Mother's
Birthplace

Maryland

Name of person giving
Information

Lavinia R. Perry

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

Six weeks

Immediate

Cerebrospinal meningitis

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

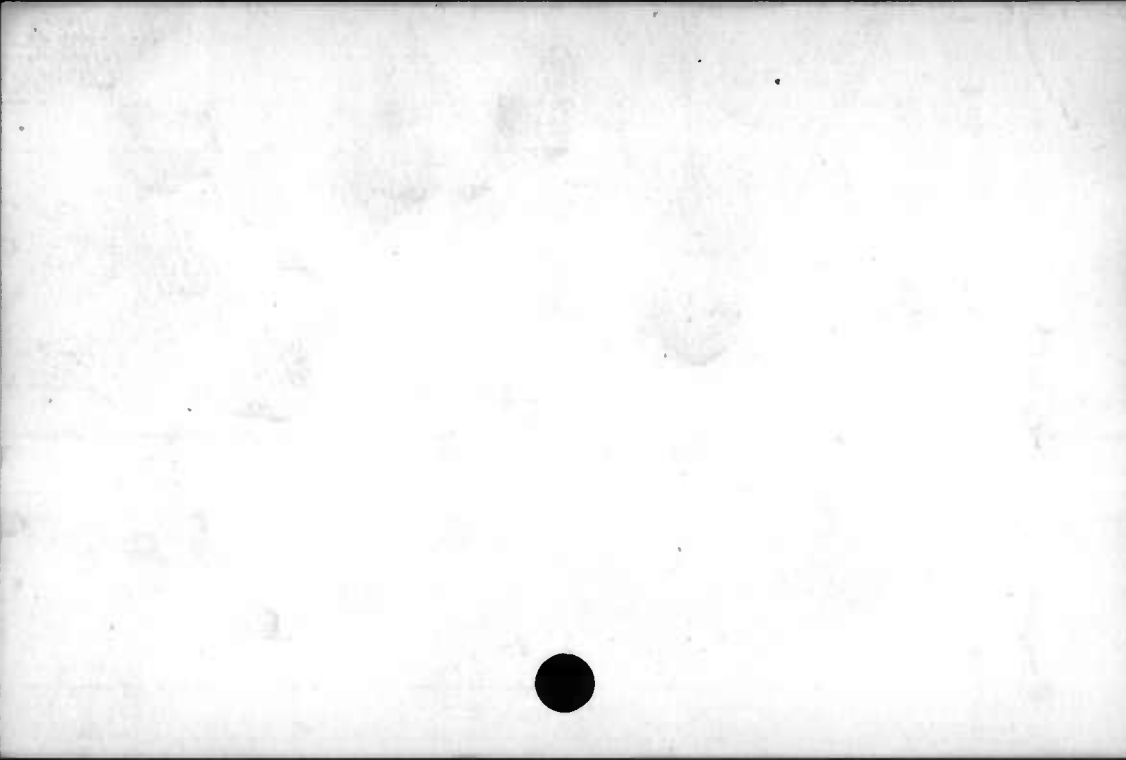
G. Herbert Barclay

Address

Preston, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

of

Name

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ernest Wesley Powell
 Town: Beaufort County: Balt
 Died at: Beaufort MARYLAND
 Date 1903 08 16. Age 6. Native of Md. Occupation Infant.
 Male ~~White~~ Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living
 Husband of Infant
 Wife
 Father's Name Ernest M. Powell Mother's Name Sarah Diggs
 Cause of Death { Primary Morosus Prog. 2 weeks
 Immediate Infantile Anthrax
 Reported by J. G. Mitchell 105
 Address Womans Pt. Balt, Co. Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John C. St. Russell

CERTIFICATE OF DEATH

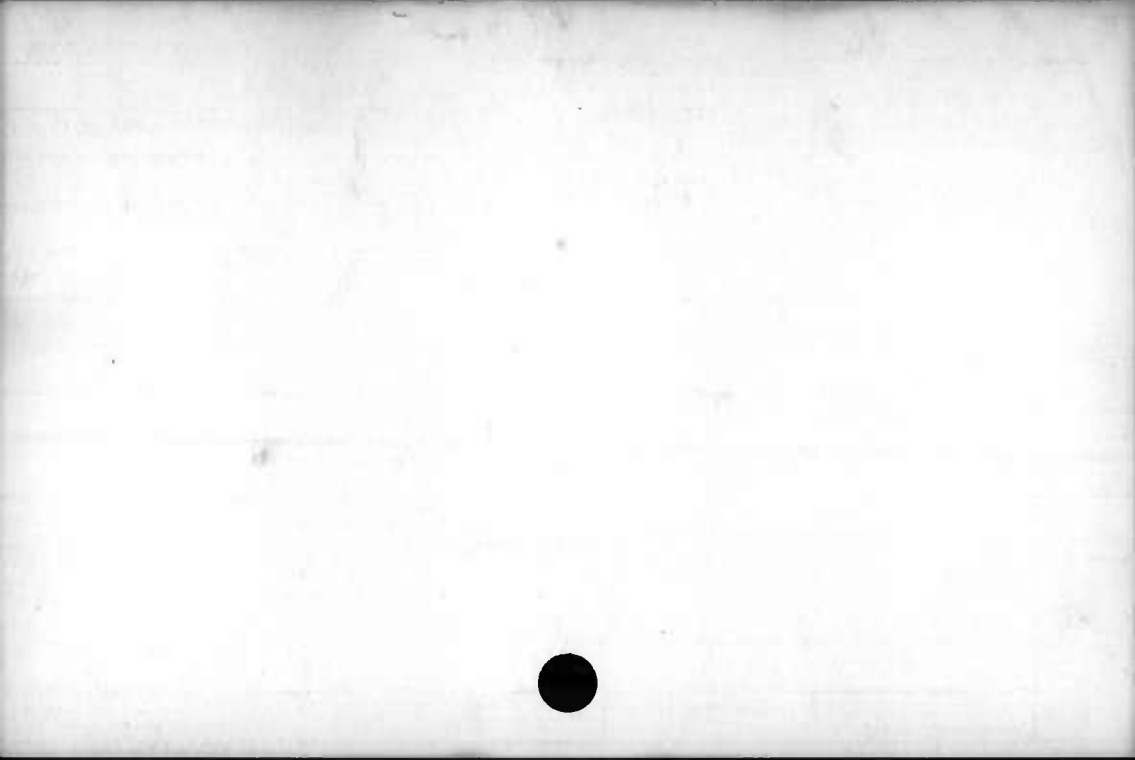
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Rockdale		Baltimore		County		MARYLAND	
Date of death 1903	Month Aug	Day 6	Age 81	Years	Months	Days			
Sex Male	Color or Race White		Birth- place Germany						
Married, Single or Widowed			Occupation Farmer						
Name of Wife or Husband Julia									
Father's Name			Father's Birthplace Germany						
Mother's Maiden Name Julia Adelf			Mother's Birthplace " "						
Name of person giving In formation H J Habbe			How related to deceased none						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulceration of Stomach	How long	one week
Immediate	Acute Indigestion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H J Habbe	
yes		Address Randallstown	
Accident or Suicide?		Baltimore	



Name
in
Full

CERTIFICATE OF DEATH

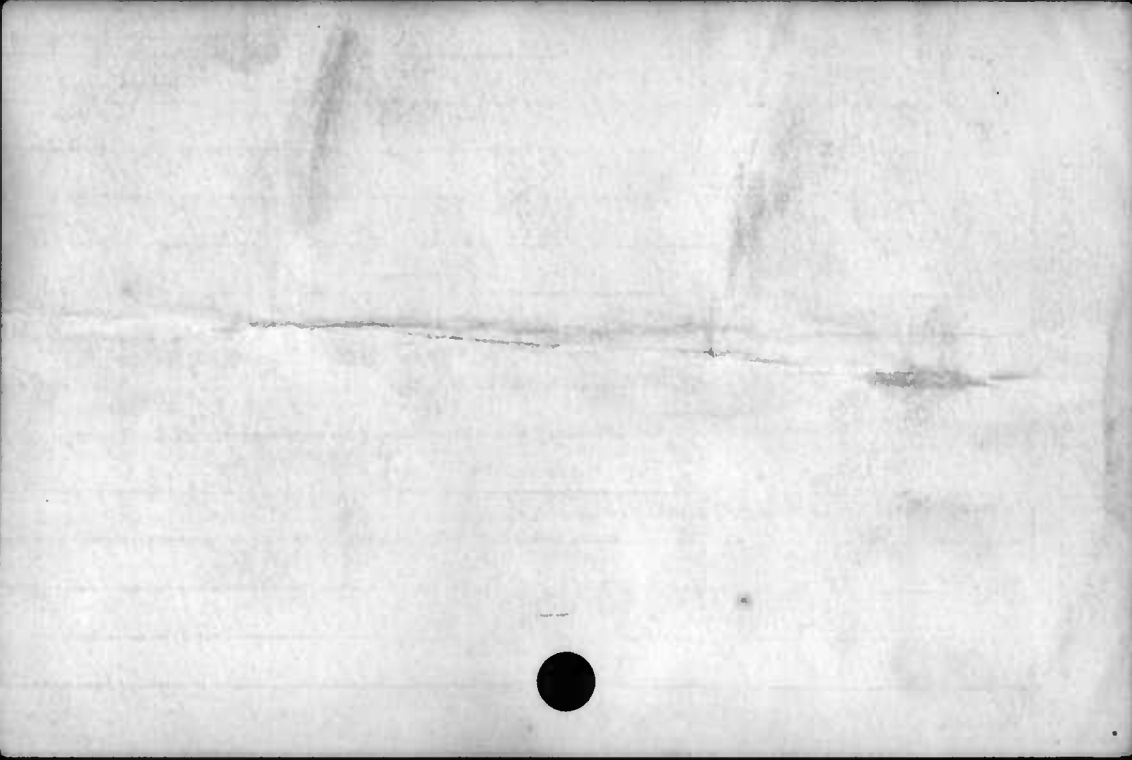
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ada Price</i>		Town <i>Hullsville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Hullsville</i>		Month <i>8</i>		Day <i>23</i>		Years <i>13</i>	
Date of death 1903		Month <i>8</i>		Day <i>23</i>		Age <i>13</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>		Months <i>11</i>	
Married, Single or Widowed <i>Single</i>		Occupation		Days <i>17</i>			
Name of Wife or Husband <i>X</i>							
Father's Name <i>Henry Price</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mattie Sanders</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Father</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bilious Fever</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Hall</i>
	Address <i>Wm. Winans</i>
Accident or Suicide? <i>no</i>	



Name in Full		William Harry Elsworth Rannor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Glyndon</u> <small>Town</small>		<u>Balto</u> <small>County</small>		- MARYLAND	
		Date of death 190 <u>3</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>9</u> <small>Years</small> <u>25</u> <small>Months</small> <u>3</u> <small>Days</small> <u>21</u>		Age			
		Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>Laborer</u>			
		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name <u>J. R. Rannor</u>				Father's Birthplace <u>Ireland</u>	
		Mother's Maiden Name <u>Georganna Brown</u>				Mother's Birthplace <u>U. S.</u>	
		Name of person giving information <u>Georganna Rannor</u>				How related to deceased <u>Mother</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Calculus of bowels</u> <u>106</u>				How long <u>6 mo.</u>	
		Immediate <u>Peritonitis</u>				How long <u>6 days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Thos Price</u>	
						Address <u>Glyndon</u>	
		Accident or Suicide? <u>X</u>					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full <i>Mrs. Mary Rawley</i>		Town <i>St. Agnes Sanitarium</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Month <i>VIII</i>		Day <i>V</i>		Years <i>45</i>	
Date of death 1903,		Color or Race <i>White</i>		Birth- place <i>Scotland</i>		Months Days	
Sex <i>Female</i>		Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>	How long
	Immediate	<i>Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Keown M.D.</i>
			Address <i>1938 Linden Av</i>
	Accident or Suicide?		



Name in Full		Sarah R Rhodes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death 1903		Month 8		Day 27	
		Age 65		Years		Months	
		Sex Female		Color or Race Colored		Birth-place Va	
		Married, Single or Widowed		Occupation Cook			
		Name of Wife or Husband		Henry Rhodes			
		Father's Name		John Lee		Father's Birthplace Any St	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary		Bright's Disease		How long	
		Immediate		Heart & Lungs		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. B. Smith	
				Address		Raden Wm.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Plain</i> Town <i>Baltimore</i> County <i>Balto</i>		MARYLAND	
Date of death 190	Month <i>Aug</i>	Day <i>2</i>	Age Years Months <i>4</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Louisa</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert F. Ritter</i>		Father's Birthplace <i>Balto</i>	
Mother's Maiden Name <i>Frankie Cross</i>		Mother's Birthplace <i>Balto</i>	
Name of person giving information <i>Frankie Ritter</i>		How related to deceased <i>mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Intest. Catarrh</i>	How long <i>Smile in the</i>
Immediate <i>Transition</i>	How long <i>105 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Sherrin</i>
	Address <i>York Road, Baltimore, Balto Co.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Minnie L. Roberts.

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 7

Age

1-3

Md

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

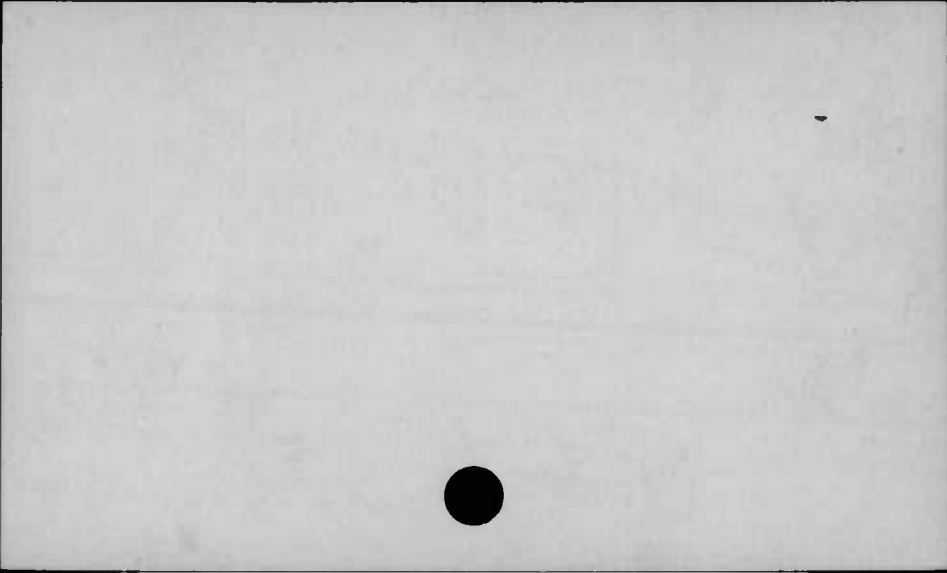
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

Unnamed Inf Robinson

CERTIFICATE OF DEATH

Died at		Town White Marsh		County Balt		MARYLAND	
Date of death 1903	Month Aug	Day 3	Age 0	Years 0	Months 0	Days 0	
Sex Male	Color or Race White		Birth- place MD				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name Chas Robinson				Father's Birthplace MD			
Mother's Maiden Name Mary Shortney				Mother's Birthplace MD			
Name of person giving In formation Chas Robinson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Still Born	
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician X William Smith Jr
		Address White Marsh PO Balt Co MD
	Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

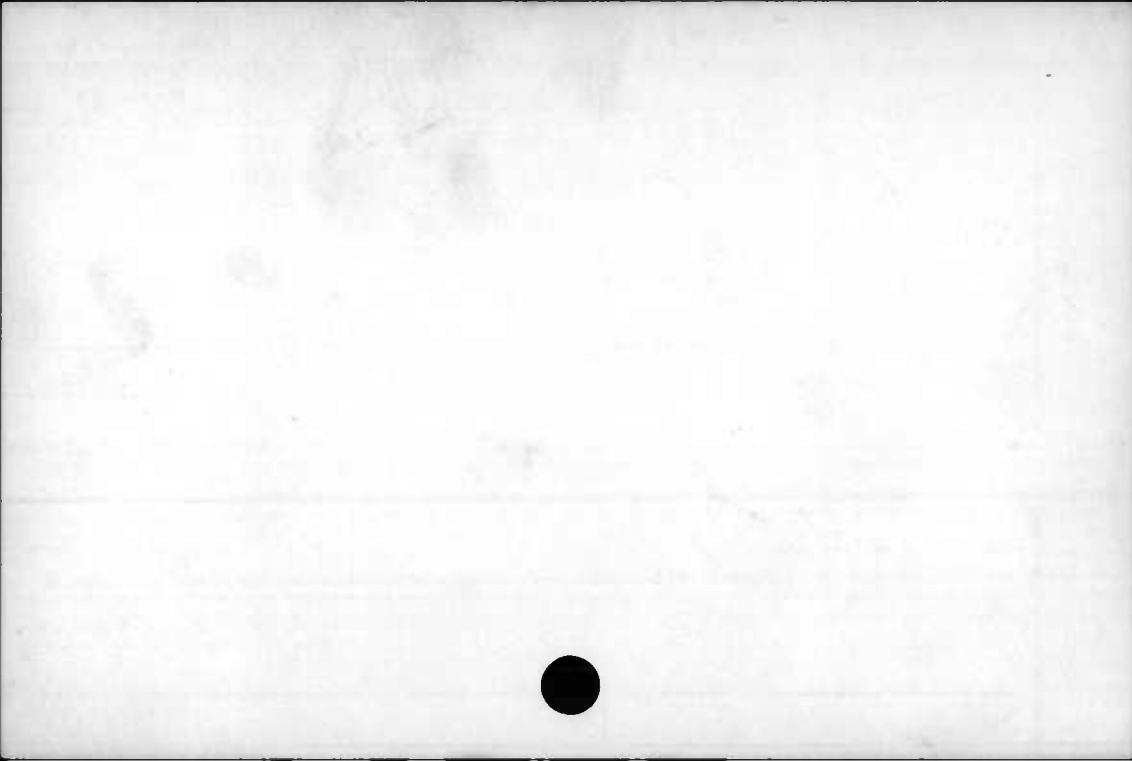
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>11</i>	Age <i>9</i>	Months <i>3</i>	Days <i>0</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>---</i>			Occupation <i>school boy</i>		
Name of Wife or Husband <i>---</i>					
Father's Name <i>Edward Rockenbaugh</i>			Father's Birthplace <i>West Virginia</i>		
Mother's Maiden Name <i>Mary E Rockenbaugh</i>			Mother's Birthplace <i>West Virginia</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burning</i>	How long <i>172</i>
Immediate <i>Accidental Burning</i>	How long <i>172</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James Clements J. O.</i>
	Address <i>Villa. Ball's W. Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Ella M. Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>13</i>	Age <i>57</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Agitated melancholia</i>	How long <i>about 4 months</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>a few hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Rutter M.D.</i>
	Address <i>Catonsville Md.</i>
Accident or Suicide?	



Name
in
Full

Margaret Catherine Sannon

CERTIFICATE OF DEATH

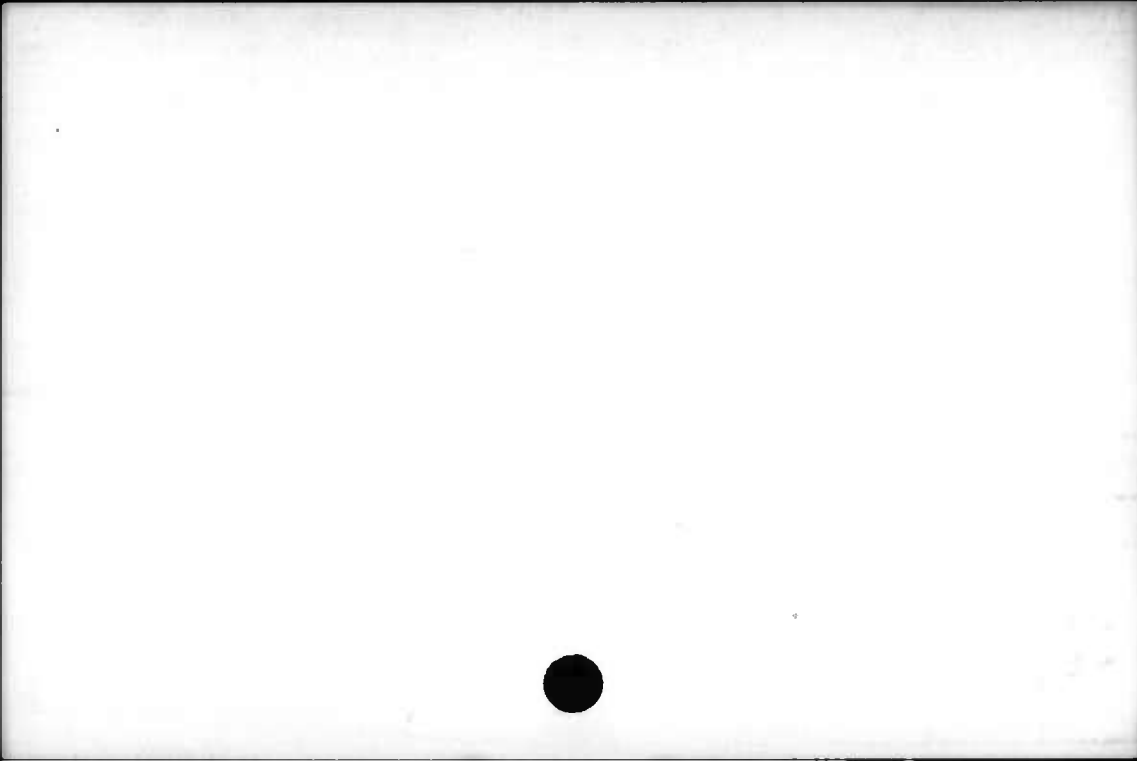
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>1</i>	Months <i>10</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Catonsville</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Wm J. Sannon</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine O'Daugherty</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Wm J. Sannon</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scald.</i>	How long <i>2</i>
Immediate <i>Shock</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. C. L. Mattfeldt</i>
	Address <i>Catonsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carnton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>10</i>	Age <i>1</i>	Months <i>11</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Joseph Schepling</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eda E. Mayers</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Eda E. Schepling</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eclampsia</i>	How long <i>one day</i>
Immediate <i>Apnea</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Schwaetka M.D.</i>
	Address <i>2429 Fair Ave</i>
Accident or Suicide? <i>no</i>	

H. Sander & Sons
Mount Carmel

Name
in
Full

Kunigunda Schubert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>20th</i>	Years <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>John Schubert</i>					
Father's Name <i>Joseph Neubauer</i>			Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name <i>dont know</i>			Mother's Birthplace	<i>Germany</i>	
Name of person giving information <i>John Schubert</i>			How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uterine Carcinoma</i>	How long <i>6 mos.</i>
Immediate <i>Gradual exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Collenberg</i>
	Address <i>1870 E Baltimore</i>
Accident or Suicide? <i>No</i>	

Germanus France

Aug. 22nd 1903

Sacred Heart Cemetery

Name
in
Full

James Joseph Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reckford</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>Aug</u> ^{Month}	<u>8</u> ^{Day}	Age <u>55</u> ^{Years}	<u>2</u> ^{Months}	<u>✓</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>John Shanahan</u>	<u>79</u>	Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Mary Burke</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving Information <u>Mary Lynch</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>2 weeks</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. H. G. G. G.</u>
	Address <u>Fort Ind.</u>
Accident or Suicide? <u>✓</u>	

Barr. lv.

Name
in-
Full

Wm T. Sheppard.

CERTIFICATE OF DEATH

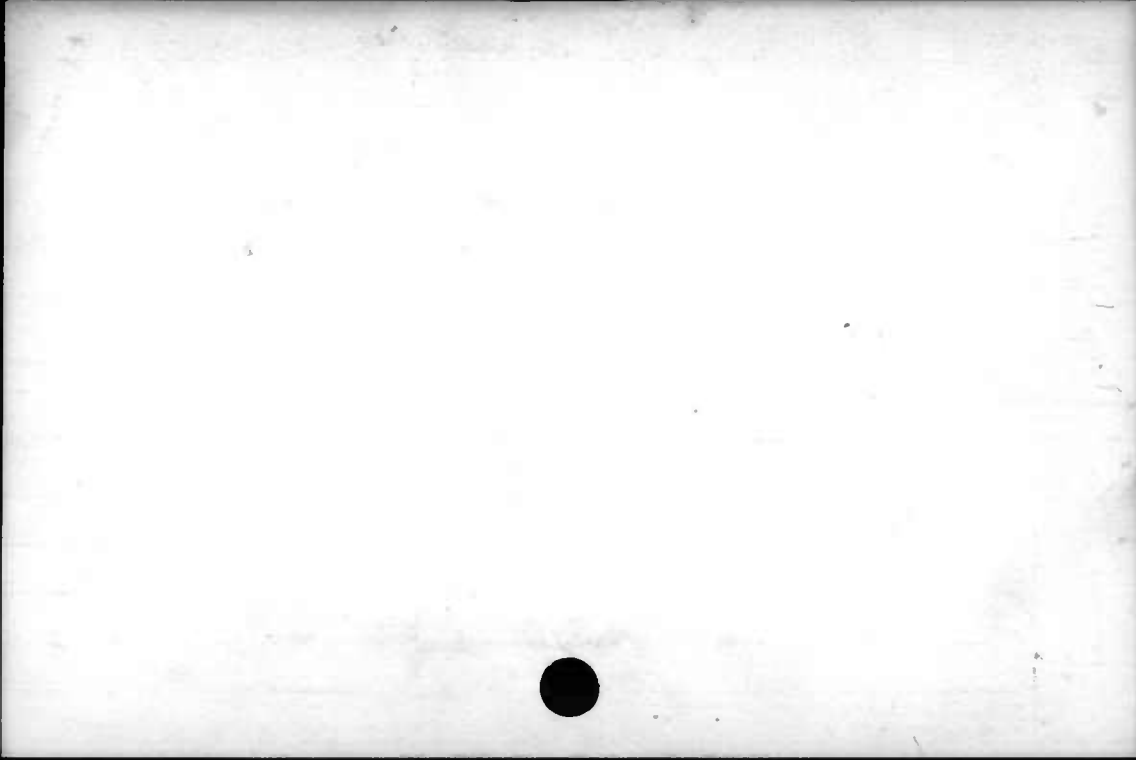
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Ballo ^{Town} Co. Alcumhouse ^{County}		MARYLAND	
Date	Month	Day	Years	Months	Days
of death 1903	8	11	Age 39, 4	4	28
Sex	Male		Color or Race	White	
			Birth-place	Md.	
Married, Single or Widowed			Occupation		
			Huckster		
Name of Wife or Husband					
Mary Sheppard					
Father's Name			Father's Birthplace		
John Sheppard			Maine		
Mother's Maiden Name			Mother's Birthplace		
Sarah A. Merchant			Md.		
Name of person giving information			How related to deceased		
wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appoplexy	How long	1 hr
Immediate	Paralysis	How long	2 days in the last attack
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. Phoo. C. Bussey
		Address	Texas Md.
Accident or Suicide?			



Name
in
Full

Mary Jane Shultz

CERTIFICATE OF DEATH

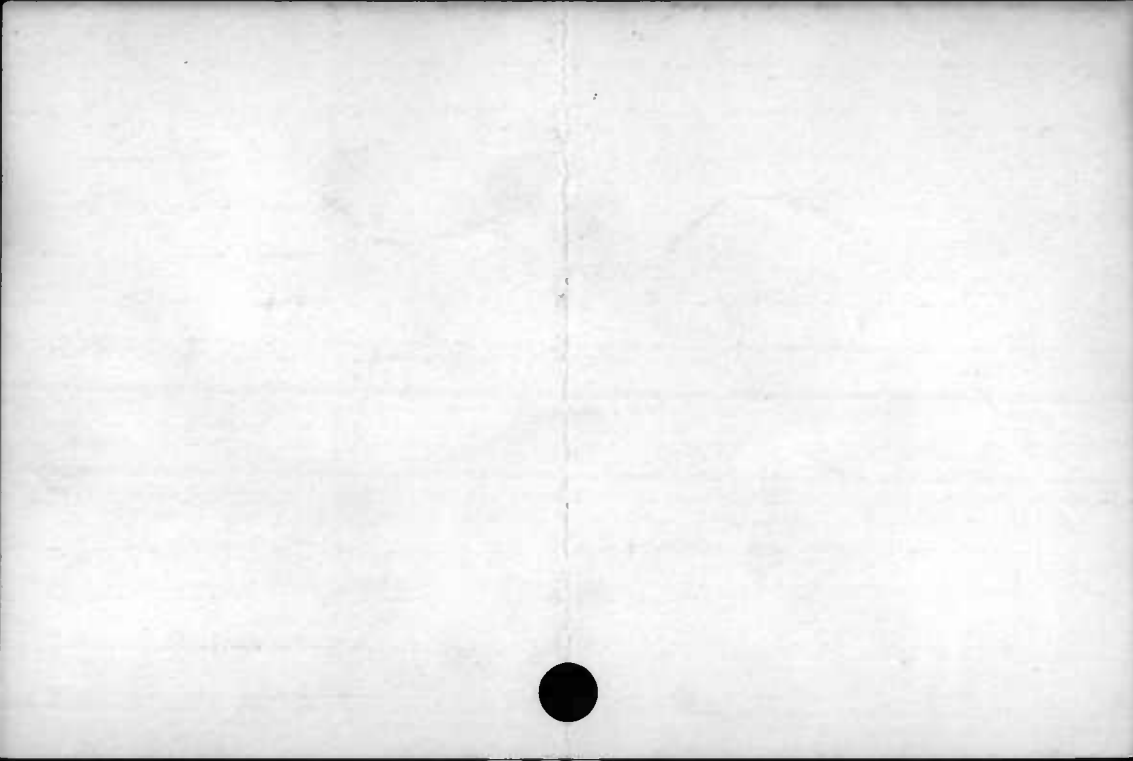
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death 190		3	Month Aug	23	Day	Age	69
Sex		Female		Color or Race		White	
Married, Single or Widowed		Single		Occupation		Housewife	
Name of Wife Husband		John W. Shultz					
Father's Name		John Wells				Father's Birthplace	
Mother's Maiden Name		A. Frederick				Mother's Birthplace	
Name of person giving in formation		Frank Wilson				How related to deceased	
						Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Chronic interstitial hepatitis		How long		Two years	
Immediate		Acute Pericarditis		How long		Four weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. W. Boyd	
				Address		Carlston Md.	
Accident or Suicide?							



Name in Full

Certificate of Death

James William Simms
Died at White Hall Balt.

MARYLAND

Date 1903 8 - 15 Age 65- Native of Md Occupation Carpenter
 Male White ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living 8

Husband

Wife Annie Walters

Father's

Name

James William Simms

Maiden Name

McBleary

Cause of

Primary

Struck by Engine

How long sick

Death

Immediate

Crushed Skull

Accident, Suicide, Homicide

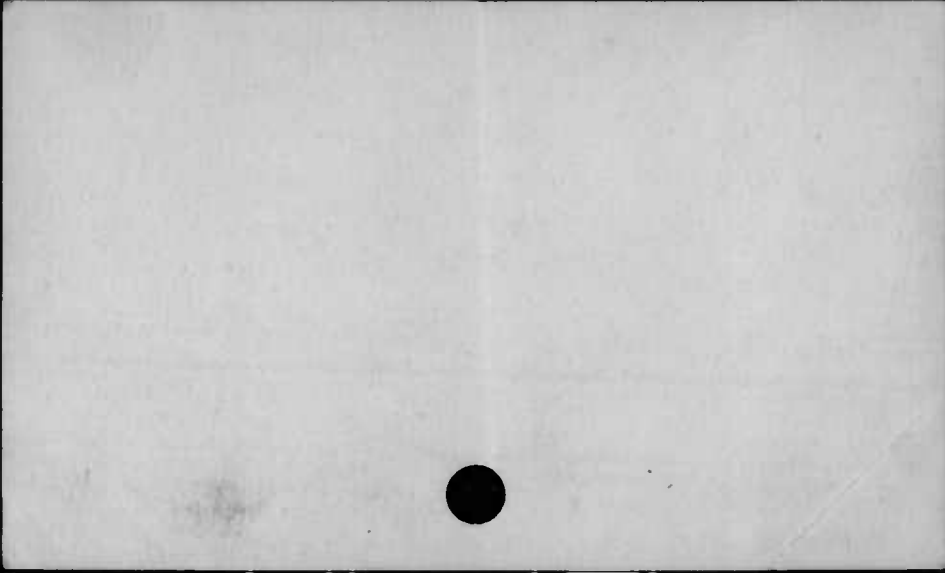
Reported by

R R Harris
Parkton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind



Name
in
FullAlexander Simpson
Bonne Donn mmy lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>aug</i> ^{Day}	<i>29</i>	Age <i>71</i> ^{Years}	<i>11</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>N. american</i>	Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>retired Merchant</i>				
Name of Wife or Husband <i>Agnes Simpson</i>					
Father's Name <i>Geo Simpson</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Sallie Scott</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>George E. Simpson</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumo pneumonia</i>	How long <i>93</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Whitely</i>
		Address <i>Catonville Md</i>
Accident or Suicide?		

627 N. Baltimore St

Certificate of Death

County

Respectfully,
Baltimore

MARYLAND

Date 19 03

Month

Day

 γ

M.

D.

Native of

Occupation

8 16

Age

2

71. Q

Female

White
~~Color~~

~~Married~~
Single

Widow
Widower

Divorced

Number of children living

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Cause of	Primary
1. Infection	
2. Trauma	
3. Neoplasia	
4. Systemic disease	
5. Endocrine	
6. Nutritional	
7. Genetic	
8. Immune	
9. Metabolic	
10. Vascular	
11. Hematologic	
12. Toxic	
13. Degenerative	
14. Congenital	
15. Idiopathic	

Mother's
Maiden Name *Hydewaph aluo*

How long sick

2 Days

Death	Immediate
-------	-----------

Accident, Suicide, Homicide

Reported by

Accident, S
R.F. Sanders by. Wm. S.

Address

Sta ● E. 150

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79804

A. S. Marshalf-

Ladysburg

Frederick Co Md

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Parkville</i> Town		<i>Baltimore</i> County		MARYLAND	
	Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>31st</i>	Age <i>38</i> Years	Months <i>2</i> Days <i>15</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
	Occupation <i>Blacksmith</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
	Father's Name <i>Chas. A. Slick</i>	Father's Birthplace <i>Baltimore</i>		Mother's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Elizabeth Lawrence</i>	Name of person giving information <i>Geo. M. Slick</i>		How related to deceased <i>1</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>		How long <i>100 days</i>			
	Immediate <i>Cyanide</i>		How long <i>7 days</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. S. Evershart</i>			
			Address <i>Hamilton P.O.</i>			
	Accident or Suicide?					



Name
in
Full

Conrad Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Batonsville		County		Baltimore		MARYLAND	
Date of death		1903	Month	Aug	Day	25	Age	Years	80
Sex		Male		Color or Race		White		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		Germany			
Married, Single or Widowed		Single		Name of Wife or Husband		Elizabeth Smith			
Father's Name		Unknown		Father's Birthplace					
Mother's Maiden Name		Unknown		Mother's Birthplace					
Name of person giving Information		George Smith		How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	5 yrs
Immediate	Diarrhoea	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Batonsville	
		Md	
Accident or Suicide?			



Name
in
Full

George Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wallins		County Bucks		MARYLAND	
Date of death 1903	Month Aug	Day 2	Age 70	Years	Months	Days	
Sex male	Color or Race Colored		Birth- place md				
Married, Single or Widowed widower			Occupation Lab -				
Name of Wife or Husband							
Father's Name A. Smith				Father's Birthplace md			
Mother's Maiden Name Mary Ann -				Mother's Birthplace md.			
Name of person giving In formation Joseph Smith				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Found Dead in woods -	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician 199
	Address
Accident or Suicide?	Thos J Jenkins Coroner



Name
in
Full

Henrietta Smith

CERTIFICATE OF DEATH

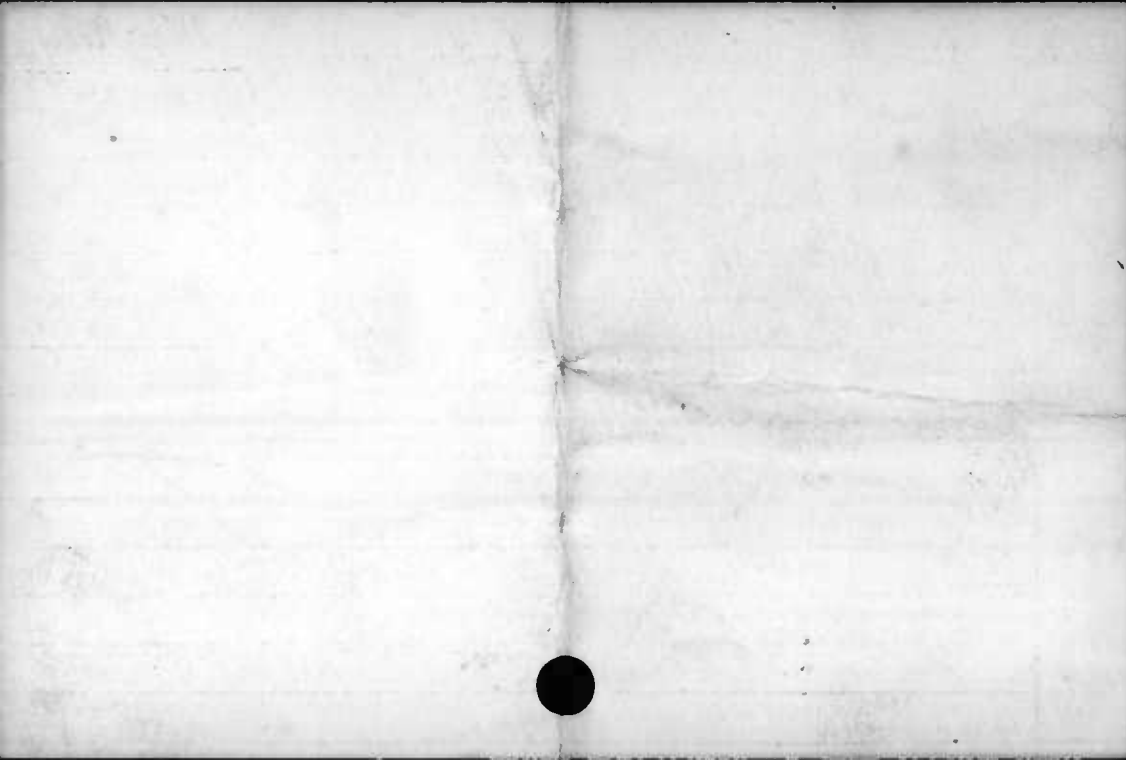
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairview</i> Town		<i>Balt</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>21</i>	Age <i>about 85</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Edward Painter</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Old age</i>		How long <i>152</i> <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician	
	Address <i>Jas. H. Wilson M.D.</i> <i>Fredericksburg Ind</i>	
Accident or Suicide?		



Name in Full		Terry Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Grange P.O.		County		
		Baltimore		MARYLAND				
		Date of death 1903	Month	Day	Age	Years	Months	Days
		5	11					
		August	4	—				
TO BE ANSWERED BY NEAREST FRIEND		Sex	Female		Color or Race	White		
		Birth-place	Baltimore Co.					
		Married, Single or Widowed						
		Occupation						
		Name of Wife or Husband						
TO BE ANSWERED BY NEAREST FRIEND		Father's Name	Mike Smith			Father's Birthplace	Austria	
		Mother's Maiden Name	Leticia Sparney			Mother's Birthplace	Germany	
		Name of person giving information	Mike Smith			How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary	Convulsions				How long	10 hours
		Immediate	Exhaustion				How long	2 hours
		Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. C. Schofield
		Address	1400 First St Highland town					
		Accident or Suicide?						

Cemetery St. Stanislaus,
Date of funeral AUG 5 - 1903



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Highlandtown</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u>	<u>August</u> <small>Month</small>	<u>29</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>8.</u> <small>Days</small>	
	Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>			
	Married, Single or Widowed <u>—</u>			Occupation <u>—</u>			
	Name of Wife or Husband <u>—</u>						
	Father's Name <u>Gottfried Spielman</u>			Father's Birthplace <u>Germany</u>			
	Mother's Maiden Name <u>Margaret Will</u>			Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>me</u>			How related to deceased <u>Mother</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Cholera Infantum</u>			How long <u>2 weeks.</u>			
	Immediate <u>collapse</u>			How long <u>105 Sunday</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>			Signature of Physician <u>Dr. J. A. Glantz</u>			
				Address <u>41 Eastern Ave. E. b.</u>			
	Accident or Suicide?						



Name
in
Full

Olive Stallings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Banton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 1903	Month <u>Aug.</u>	Day <u>24</u>	Age <u>—</u> Years	Months <u>7</u>	Days <u>35</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Md.</u>		
Married, Single or Widowed <u>single</u>			Occupation		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Morgan Stallings</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Eara Layman</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Morgan Stallings</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u> <u>105</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. N. Stuey</u>
	Address <u>2. 2nd St. N. W.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8 26

Age 64

Germany

Male

White

Married

Widow

Divorced

Number of children living

~~Female~~~~Colored~~

Single

Widower

Husband of

Wife

Father's

Mother's

Name

Maiden Name

lex

Cause of . Primary

Death Immediate

Cerebral Paralysis

How long sick

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bussey
Texas Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>22</i> ^{Day}	Age <i>Still Born</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Roland Park</i>		
Married, Single or Widowed <i>✓</i>			Occupation <i>✓</i>		
Name of Wife or Husband <i>✓</i>					
Father's Name <i>H. R. Stubbs</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Araminta F. Chipchase</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>L. Gibbons Smart</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>5</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Gibbons Smart</i>
	Address <i>Roland Park</i>
Accident or Suicide?	

Martin Fahey & Sons.

Name in Full		Erome Suler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Roxsville		County Balto		MARYLAND
	Date of death 190	3	Month Aug	Day 12	Age Years	Months 9	Days
	Sex	male		Color or Race	white		Birth- place Balto
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name				John T Suler		
Mother's Maiden Name				Sophia T Duesing			
Name of person giving In formation				John T Suler			
				Father's Birthplace			Balto
				Mother's Birthplace			"
				How related to deceased			father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chorea Infantum 105			How long 6 weeks	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
						Address	
	Accident or Suicide?					Roxsville Md.	



Name
in
Full

Noller, William

CERTIFICATE OF DEATH

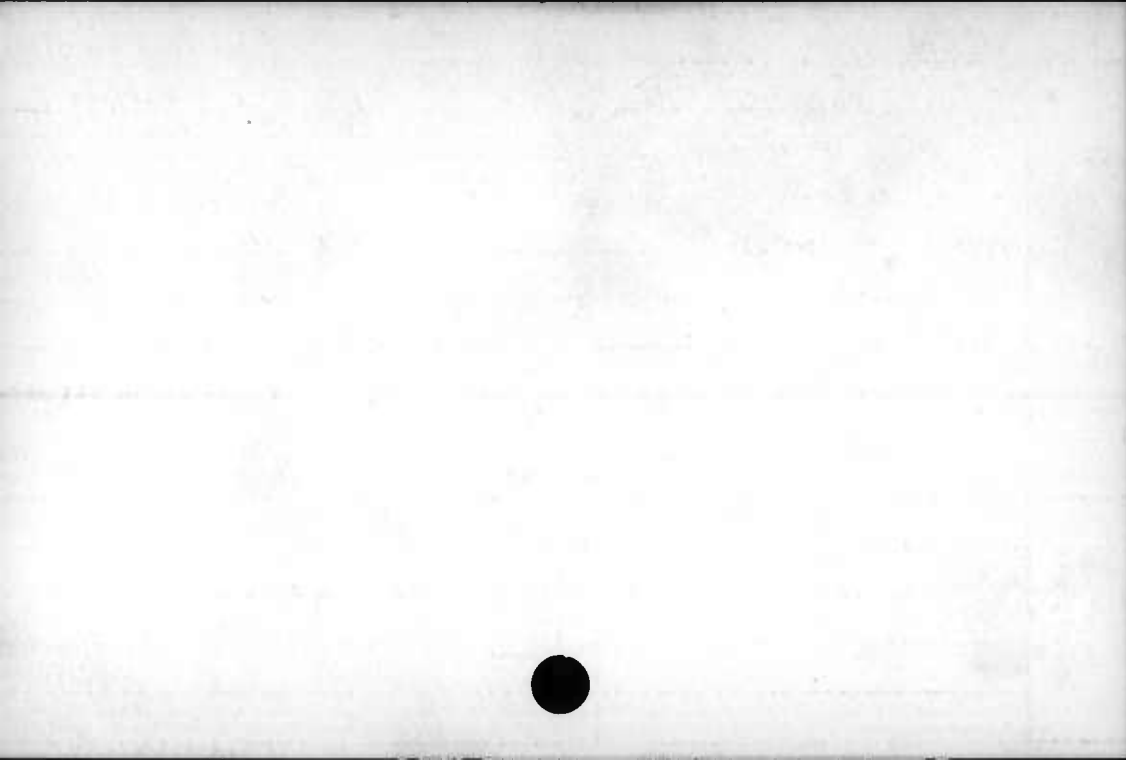
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumet</u> ^{Town}		<u>Wells</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>22</u> ^{Day}	Age <u>53</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>X</u>					
Father's Name <u>X</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>X</u>			How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Terminal Dementia</u>	How long <u>20 years</u>
Immediate <u>Ch Interstitial Nephritis</u>	How long <u>3 yrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. G. Noller</u>
	Address <u>Calumet Ave</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Corryton Ol West

CERTIFICATE OF DEATH

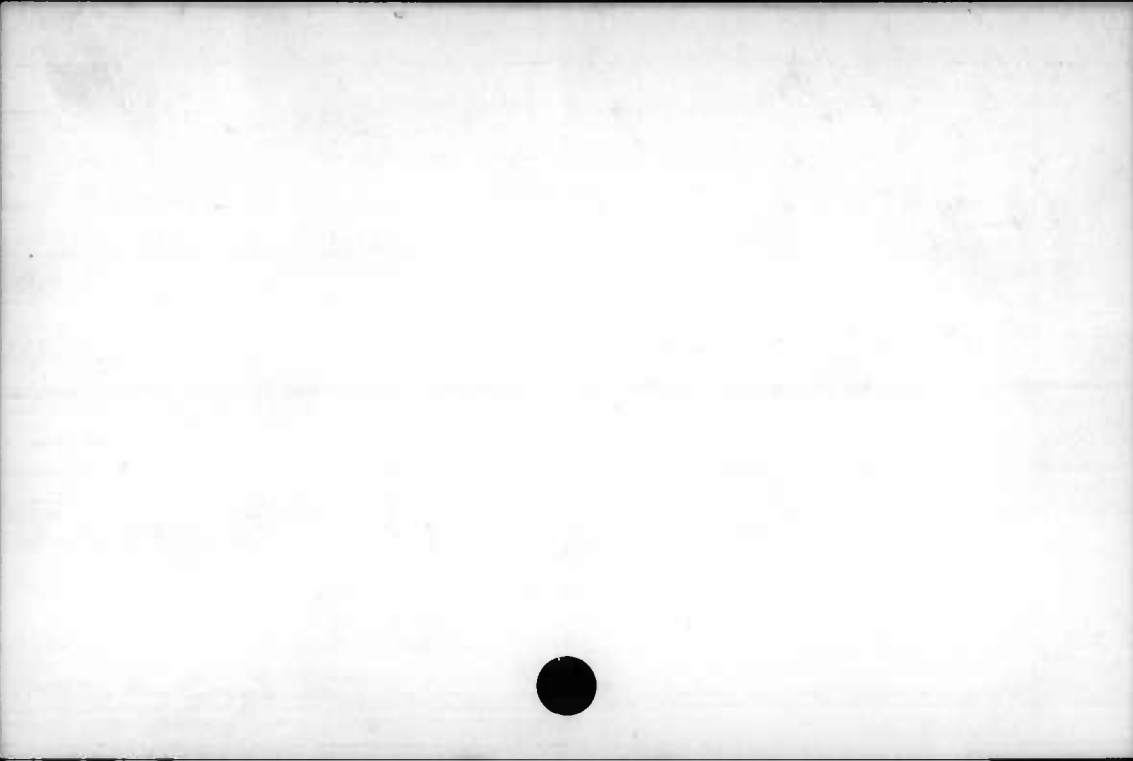
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Aug</i>	Day	<i>21</i>
Age		<i>43</i>		Years	<i>43</i>
Sex		<i>male</i>		Color or Race	<i>white</i>
Married, Single or Widowed		<i>Single</i>		Occupation	<i>Book keeper</i>
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Paresis</i>	How long	<i>about 2 years</i>
Immediate	<i>Exhaustion from Dementia</i>	How long	<i>about a year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. Rushmer White</i>	
		Address	
		<i>Catonsville Md.</i>	
Accident or Suicide?			



Name
in
Full

Clara Wilson

CERTIFICATE OF DEATH

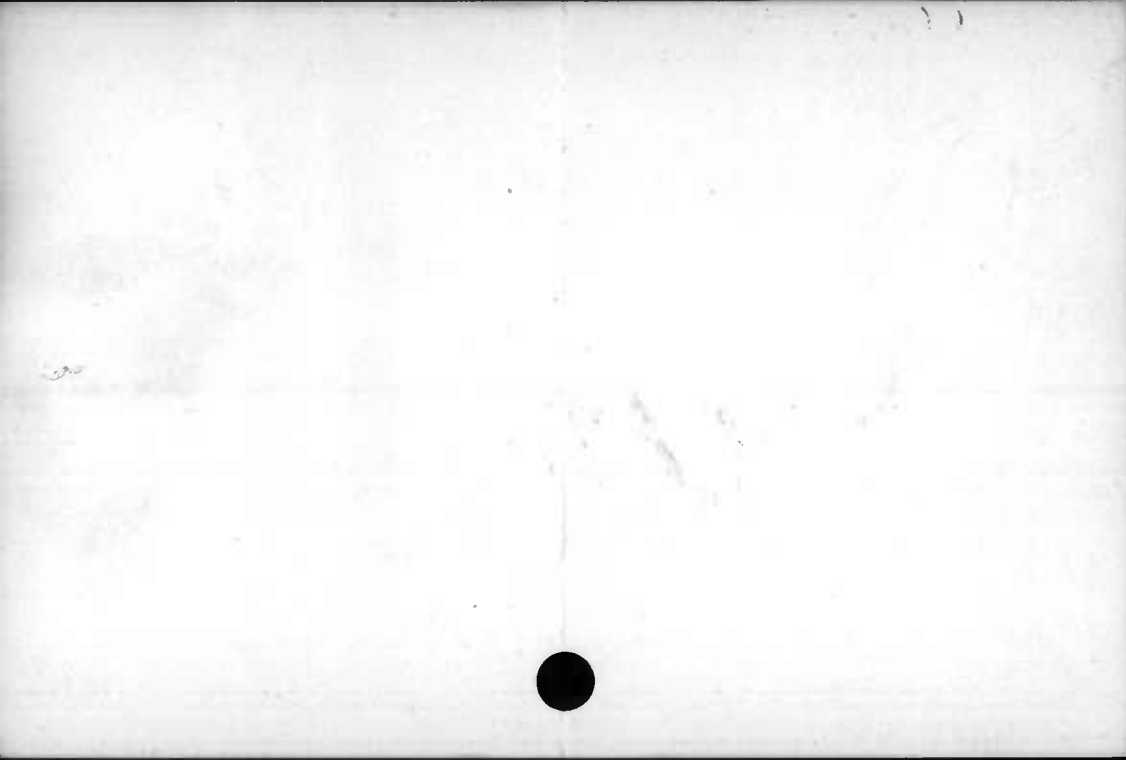
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Walkers</i>		County <i>Balt</i>		MARYLAND	
Date of death 190	3	Month	8	Day	26	Age	Years
Sex		<i>Female</i>		Color or Race		<i>white</i>	
Married Single or Widowed				Occupation		<i>—</i>	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Joseph W. Wilson</i>				<i>md</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Mary Martin</i>				<i>—</i>			
Name of person giving information				How related to deceased			
<i>Joe W. Wilson</i>				<i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>1 month</i>
Immediate	<i>Meningitis</i>	How long	<i>1 day -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>T B Harris</i>	
		Address	
		<i>Parkton</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

Fred. Joseph Winkler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Middle River		County Baltimore		MARYLAND		
Date of death 190		0	Month Aug	Day 3	Age —	Years —	Months 8	Days 9
Sex male		Color or Race white		Birth- place md				
Married, Single or Widowed —				Occupation —				
Name of Wife or Husband								
Father's Name Chas Winkler				Father's Birthplace md				
Mother's Maiden Name Mary Blome				Mother's Birthplace md				
Name of person giving In formation Chas Winkler				How related to deceased father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Cholera Infantum		How long 12 hours	
Immediate				How long 105	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John W. Harrison	
				Address Middle River md	
Accident or Suicide?		no			



Name
in
Full

William Wittgreffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	26	Day	35	Years
Sex		male		Color or Race		white	
Married, Single or Widowed		married		Occupation		Paper Hanger	
Name of Wife or Husband				Birth-place		ind	
Father's Name		Wm Wittgreffe		Father's Birthplace		Germany	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Geo Warner		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Coroner John G Muelly
		Address	266 O'Donnell St
Accident or	Supernatural		

J. C. Schuk.

Bath Cove,

Name
in
Full

Charles Joseph Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hanton

Town

County

Balto

MARYLAND

Date

of death 190

3

Month

Aug

Day

4

Years

Age

Months

9

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Balto Co

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John Wolf

Father's
Birthplace

Germany

Mother's
Maiden Name

Marie Bader

116

Mother's
Birthplace

Germany

Name of person giving
In formation

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Rickets

How long

5 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

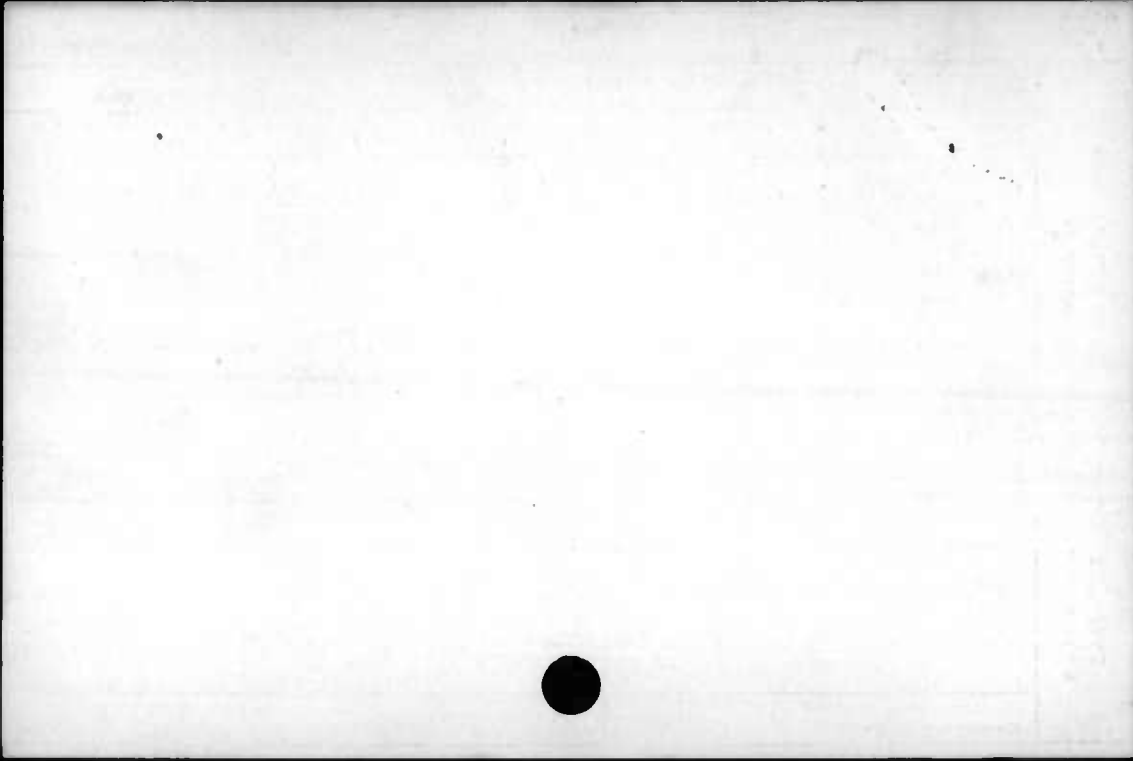
A. H. Bader

Address

121 Jackson Place

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine E. Wolf</i>		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Canton</i>		Date of death 190 <i>3</i>		Month <i>Aug.</i>		Day <i>1st</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>—</i>		Years <i>8</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>		Birth-place <i>Balto Co. Md.</i>		Months <i>—</i>	
Name of Wife or Husband <i>—</i>		Father's Name <i>Bernard Wolf</i>		Fether's Birthplace <i>Md.</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Theresa Thanner.</i>		How related to deceased <i>Mother</i>		Mother's Maiden Name <i>Theresa Thanner</i>		Name of person giving information <i>Theresa Thanner.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>105</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. A. Olney</i>	Address <i>2 Hudson St. Balt.</i>
Accident or Suicide		

Germanus France

Aug 2 md 1903

Sacred Heart Cem.

Name in Full

Certificate of Death

Larria Wye

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8 12

Age

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Infected wound 20

How long sick

about 2 weeks

Death

Immediate

Pyæmia

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bussey

Address

Texas

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elijah Young

Town

County

Died at St Helena

Baltimore

MARYLAND

Date of death 1903

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Baltimore Md.

Married, Single
or Widowed

Occupation

School Boy

Name of Wife or
HusbandFather's
Name

William Collins

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Jennie Hill

Mother's
Birthplace

Baltimore

Name of person giving
Information

James Young

How related
to deceased

step Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

6 Weeks

Immediate

Angina Pectoris

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

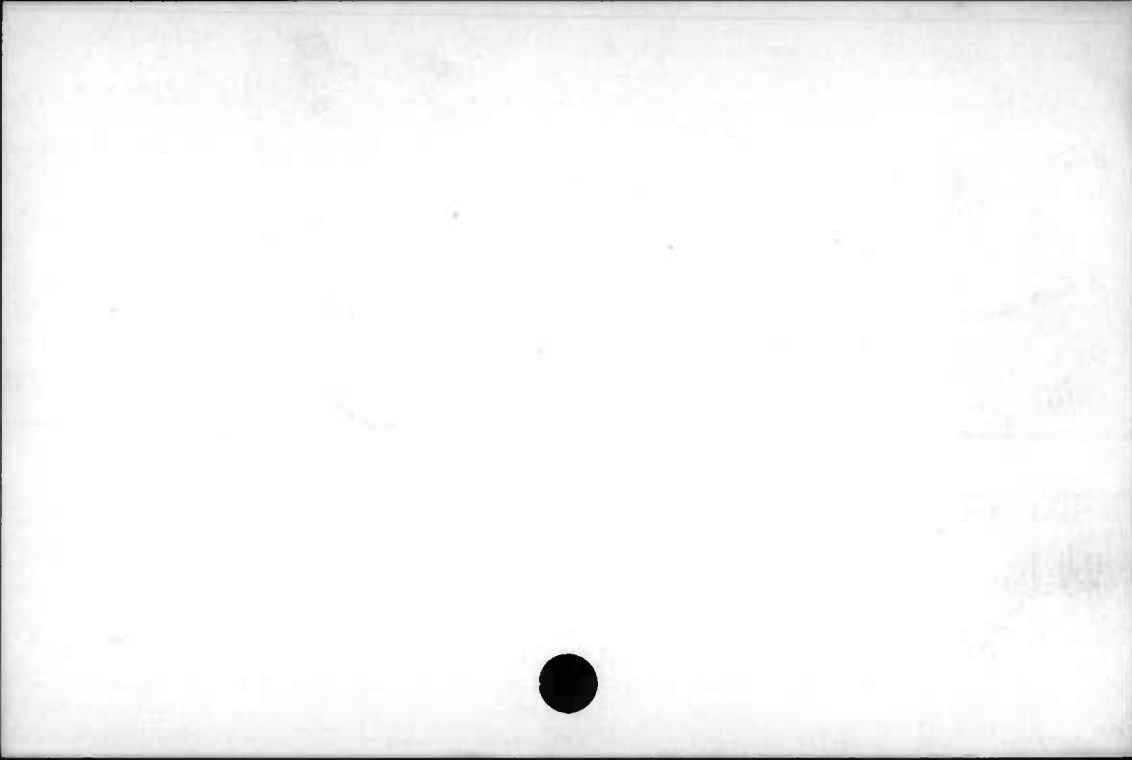
yes

Signature of
Physician

Address

J. C. Schofield
1400 First St
Highlandtown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Carrie Zuster</i>		Town <i>Highlandtown,</i>		County <i>Baltimore Co.</i>		MARYLAND	
Died at <i>Highlandtown,</i>		Month <i>Aug.</i>		Day <i>3rd</i>		Age <i>9 mo 3 days</i>	
Date of death 190 <i>3</i>		Sex <i>Female -</i>		Color or Race <i>Fl. white</i>		Birth-place <i>Highlandtown,</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>			
Name of Wife or Husband <i>None</i>							
Father's Name <i>Peter Zuster</i>				Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Barbara Zuster</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Peter Zuster, 105</i>				How related to deceased <i>Daughter.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro intestinal indigestion,</i>	How long <i>6 days.</i>
Immediate <i>"Cholera infantum" or Acute Gastro-enteric infection.</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>H. McElroy M.D.</i>	
Address <i>Clinton St. & Canton Ave</i>	
Accident or Suicide? <i>No</i>	

